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ORIGINAL COMMUNICATIONS.

Report of the Case of the late Com. Jesse D. Elliott. By E. K. Kane, M. D., Assistant Surgeon, U. S. Navy. (Communicated by Dr. Kearney.)

Philadelphia, Feb. 25th, 1846.

Sir—I submit the subjoined abstract of a post mortem examination of the body of Commodore Jesse Duncan Elliott, made by your direction, on the 11th of December last, in the presence of the several Surgeons of the Navy, then in Philadelphia.

The examination was confined to the viscera and appendages of the thorax and abdomen, and took place thirty-two hours after death. For more than two weeks previous to this event, the deceased had preserved a nearly upright posture in an arm chair. His age was 62 years and four months.

General aspect somewhat cachetic, emaciation excessive : parietes of chest prominent ; integuments of abdomen voluminous and flabby ; superior extremities flexible ; inferior, œdematous and distended.

Thorax.—No anterior adhesions. *Right Lung,* in natural position ; active pneumonic engorgement passing into red hepatization, throughout its upper third ; middle portions free, and crepitant ; outer margin of inferior lobe, bladed and solidified by compression. *Left Lung* : extensive but old pleuritic adhesions along inferior face of superior lobe ; plastic bands of recent lymph

between the pendulous portion above the interlobular fissure and the pericardium contiguous; inferior lobe compressed, atrophied, and nearly concealed by the distended pericardium. Free serum in cavity of chest, about Oiij. *Pericardium* dilated and protruding, recent adhesions between its upper face and the left lung, as before mentioned. Effused fluid ʒxi. *Heart:* general hypertrophy with dilatation of the cavities; left ventricle disproportionately involved both as to walls and cavity; substance of viscus pale and flabby; circumference around auriculo-ventricular groove, thirteen inches; apex forced obliquely upwards to the junction of fifth rib with sternum; *aortic valves*, the seat of cartilaginous vegetations, with slight ossific deposites above the corpuscles; general insufficiency with marked attenuation of their marginal curves; contiguous aorta large, but not perceptibly modified in its tunics; mitral and pulmonary valves healthy and free; chordæ tendinæ unusually developed, but not the "shortening and thickening" of authors. Weight ʒxiv.

Abdomen.—Integuments thickly lined with fat; tissues much modified by serous infiltration. *Liver*, diminished in bulk, with general condensation of structure; anterior face of right lobe slightly depressed; peritoneal envelope unaltered. Parenchyma evincing the adipose transformation, unctuous to touch, greasing the scalpel, and imparting oily stain to bibulous paper. Colour tawney yellow with brownish patches about the fissures; cirrhosed protrusions on cut surfaces, with general evidences of granular degeneration. *Stomach*, distended and somewhat exceeding the natural size; mucous lining in the neighbourhood of larger curvature attenuated, and softened; marked hypertrophy and induration of mucous and sub-mucous cellular tissues about lesser curve, which increased towards pyloric orifice with alternating patches of slaty softening and diffuse redness. *Note.*—The hypertrophy of the mucous and subjacent tissues exhibited some traces of scirrhoid degeneration, and was sufficiently extensive to interfere with the passage of chyme into the duodenum. *Duodenum*, much stained by biliary secretion; mucous coat of large and small intestines *darker* in colour than usual; mesenteric glands unchanged. *Spleen*, somewhat condensed in structure, and about the medium size; weight ʒvii. *Kidneys*, natural as to consistence and colour, the distinction between cortical and tubular portions being remarkably well defined.

The case in its progress presented few variations from the ordinary routine of visceral dropsies, the active disease of the lung and pleura being regarded as merely induced complications.

The structural alterations of most importance were those of the liver and heart, the atrophy of the former, and the valvular insufficiency of the latter organ, having an interesting connexion, not only with the phenomena of effusion, but with sundry unex-

plained symptoms connected with the circulation and respiration. In order of sequence, the liver was probably the first organ involved, and, in confirmation of the history of the case, must have dated some ten years antecedent to its termination; the affection of the stomach assuming a permanent form at a more recent period.

It may be well to lay some stress upon the fact, that the compensating action of the kidneys continued, to the last, unimpaired.

Very respectfully,
Your obd't. ser't,
E. K. Kane,
Assistant Surgeon, U. S. N.

John A. Kearney, M. D., U. S. N.,
President of Examining Board.

On the Use of Sulphate of Quinine in Typhoid Fever. By A. N. Bell, M. D.

Since about the first of September last, typhoid fever has been prevalent in Waterbury, (Ct.,) and from its general fatality under the usual mode of treatment, and my knowledge of the effects of sulphate of quinine in other fevers, I adopted the following practice, since which time I have not lost a patient with it.

Case I.—A. A., a laboring man, æt. 26, of strong constitution, having always enjoyed good health, and for the last two years lived an intemperate life, exposing himself to damp weather, night air, and the usual concomitants of such a life, sent for me.

Sept. 22d. He has had pain in the head, back and limbs; very unrefreshing sleep and loss of appetite for a week; and, for the last two days, chilliness with shivering, followed by heat and partial perspiration. Has had three thin, alvine evacuations,—rather darker coloured than natural—during the last twenty-four hours: had none previously for two days. Has been troubled twice during the same period with epistaxis. He is now perspiring about his forehead and temples, but complains of chilliness as soon as the clothes are in the least removed. Has a small, frequent pulse,—98. The tongue is white and moist; there is but little thirst; no appetite; severe pain in the back; headache; soreness over the lower part of the abdomen, mostly in the left hypochondrium. The spleen can be felt slightly enlarged.

Prescription. ℞. Hydrarg. chlorid. mitis. ʒj.
Pulv. opii, grs. xij.
Ft. pulv. div. in chartul., iv.
S. One to be taken every six hours.
Diet. Toast water, or very thin Indian meal gruel.

Sept. 23. Expresses himself as having rested better, but to his attendants he seemed very much disturbed in sleep; talked almost incessantly about his business affairs. He seemed to be lost upon waking; started to get up; forgot he was sick. There is difficulty of attention, (very much so at this time.) Has had two alvine evacuations, very fœtid and dark in colour. The skin is drier and hotter; the pulse 106, quick and small; the tongue is drier and more thickly furred, white; there is more thirst; no pain in the head or back, only when he moves; tenderness of the abdomen is more confined to the left hypochondrium. There is no chilliness nor shivering.

Prescription. ℞. Hydrarg. chlorid. mitis.
Pulv. ipecac. et opii, *aa* gr. x. M.

To be taken at 6 o'clock, P. M. Diet the same; cold water if desired.

24th. His brow is contracted, and he is obstinate; does not wish to obey directions. Was delirious during the night. Has had no evacuation from the bowels. The skin is dry and hot, was a little moist for three hours after taking the powder. The pulse is 112, quick and fuller. The tongue is dry, its coat is darker; no pain in the back. There is pain in the head through the temples; more tenderness generally of the abdomen, less in the left hypochondrium.

Prescription. ℞. Hydrarg. chlorid. mitis.
Ext. colocynth. compos. *aa* gr. v. M.

To be taken now, (10 o'clock, A. M.)

25th. Is now in quiet sleep; upon waking seems lost. The eyes are vacant in expression; the brow is more contracted; he is drowsy; the attention cannot be confined; the skin is very hot and dry; pulse 120, quick, and smaller than yesterday; tongue more dry and darker coloured, cracked, glossy at the edges and swollen; thirst increased. The spleen can be felt,—no more enlarged; it is less tender. He was delirious during the night; wanted to get up frequently. Has had three darker coloured and more fœtid evacuations from the bowels. Epistaxis. Prescription. A tablespoonful of castor oil now, (11¼ o'clock, A.M.,) and a blister plaster, 5 × 7 inches, over the stomach, in case the sickness increases, or he has tenderness of the abdomen.

26th. The countenance is better; there is less drowsiness and more attention. The skin is not so hot, but it is dry; the pulse is 118, still quick and fuller; the tongue rather darker, otherwise the same; thirst the same. The blister plaster was applied at 7 o'clock, P. M., remained on 10 hours, drew well. He has been less delirious and drowsy; has headache, wandering pains about the abdomen; has had four alvine evacuations; appearances the same.

Prescription. ℞. Quiniæ sulphatis, ʒj.
Acid. sulphuric. aromat., fʒss.
Aquæ, fʒvi. M.

S. A tablespoonful to be taken every two hours.

27th. Symptoms are much as they were on the 25th et seq., excepting that the tongue is blacker, and more sordes. The pulse is 116. Sudamina. Has had one alvine evacuation. Prescription same as yesterday.

Oct. 8th. Up to this time the last prescription has been continued. He has taken no purgative medicine whatever, having had two or three alvine evacuations daily, until within the last twenty-four hours, during which he has had none. He is now very stupid; has thick sordes about his teeth and lips; the tongue is protruded with difficulty, and left so by his not being able to withdraw it; it is black, cracked, and bleeds. Pulse 120. Subsultus tendinum; slight meteorism.

Prescription. ℞. Quiniæ sulphatis, ʒj.
Piperin. gr. xij.
Acid. sulphuric. aromat. gtt. xxx.
Aquæ, fʒvj. M.

S. A tablespoonful to be taken every hour.

Called at 7 o'clock, P. M. Has hæmatemesis. Directed a lump of ice to be held in the mouth, but which he swallowed, and it was soon effectual. Had an evacuation from the bowels about an hour ago, very dark coloured and excessively fetid. Discontinued the prescription of this morning.

Prescription. ℞. Quiniæ sulphatis, ʒj.
Syr. acaciæ q. s.
M. f. pil. xxiv.

S. Two to be taken every hour.

9th. Appears much the same as yesterday; meteorism does not seem to have increased any; has had four alvine evacuations; pulse 110. Prescription continued.

13th. Up to this time from the 9th, he has had very much the same symptoms. The bowels have been open on an average of from four to six hours daily. He has had hæmatemesis again, and it was controlled by the same means as before. The last prescription has been continued. Pulse 118.

Prescription. ℞. Quiniæ sulphatis, ʒij.
Piperin. gr. xij.
Acid. sulphuric. aromat. fʒss.
Aquæ, fʒvi.

M. S. A tablespoonful to be taken every hour.

14th. Seemed to rest better after midnight last night than for a week before. Works at his ears a great deal for the last

few hours. Has had three alvine evacuations, much the same in appearance; there is no meteorism. The spleen cannot be felt, for the first time since it was first observed. He is less delirious, but complains very much of wagons constantly driving by; says he has something alive in his head. Pulse 100, not so quick; appearance of tongue and mouth the same.

Prescription. ℞. Quiniæ sulphatis, ʒss.
Acid. sulphuric. aromat., gtt. xx.
Aquæ, fʒvj.

M. S. A tablespoonful to be given every two hours.

19th. The same prescription has been continued. The alvine evacuations have gradually improved in appearance; the coat is separating from the tip and edges of his tongue, leaving it of natural colour and moist. Pulse 90, soft and slow; skin much more natural. Still complains some of his ears. The same medicine to be given once in four hours.

23d. He has continued to improve and is now decidedly convalescent. The last medicine is ordered three times a day.

Case II.—Miss E. P., æt. 21, sent for me this morning, Sept. 23d. Has enjoyed good health since she was twelve years old. About ten days ago she began to lose appetite, have pain in head, back and limbs, feel very tired, rest badly; had vertigo and drowsiness during the day, which she thought to be owing to close confinement and attention to her sick mother. On the 19th she was chilly most of the day; had increased pain in the head, back and limbs. Upon the going off of the chilliness she felt very hot, and tried to sweat it off by taking senna and salts, and warm drinks. The medicine produced three alvine evacuations; sweated her some, but she thought she felt much more debility on account of it in the morning. She has had perspiration about her forehead, temples and hands most of the time since, and has had an evacuation from the bowels daily. This morning, before sending for me, she took some aperient pills of her mother's; does not know their composition. They have operated once. Has pain in the stomach and right hypochondrium; feels great debility; pulse 112, hard and quick; tongue thickly coated, yellow; skin dry and hot. Prescription. Emplast. cantharides, 4+6 inches, to be applied over the stomach, inclining to the right side. Diet. Toast water, cold drinks and ice.

24th. Blister plaster has drawn well, but she still has some tenderness and pain in the right side. Has rested none during the night. The pills have operated four times. Pulse 120, quick and wiry; tongue darker coloured and dryer. There are sordes about the teeth. Sudamina. Snuffing respiration. "Feels a good deal worse," but can't describe it. Has much thirst; no disposition to speak, or to be spoken to.

Prescription. ℞. Quiniæ sulphatis, ʒj.
Morphiæ sulphatis, gr. ij.
Acid. sulphuric. aromat., fʒss.
Aquæ, ʒvj. M.

S. A tablespoonful to be taken every two hours. The blister to be dressed with savine cerate.

25th. Rested better last night, and feels better. Pulse 124, character the same; tongue dark brown and drier; more sordes; skin hotter and dry; headache; pain in the side and stomach continues; has had two dark coloured and fetid evacuations from the bowels. Prescription continued.

29th. Has continued the same prescription up to this time. The alvine evacuations have become more frequent; she has needed no apperient medicine. Pulse 140, quick, small and irregular; tongue black, rough and dry; has much thirst; no pain; has become tired of toast water, and gum arabic water acidulated with lemon, has been substituted. Medicine the same, to be taken every hour.

Oct. 5th. The sulphate of quinine has been continued up to the present time. The last prescription occasioned its peculiar influence on the head in less than twenty-four hours; and the dose was accordingly lessened, since which time she has been improving. When, on Sept. 30th, the effect of the quinine was first observed, her pulse was reduced in frequency, from 140 of the day before, to 116; and it has grown slower daily, until at this time it beats only 96 in the minute, and is soft, and perfectly regular. The tongue is beginning to clean.

Prescription. ℞. Quiniæ sulphatis, gr. xxiv.
Acid. sulphuric aromat., gtt. xx.
Aquæ, fʒvj. M.

S. A tablespoonful three times a day.

Case III.—G. N. P., æt. 23, carpenter, of good habits, and never sick before. Sent for me this morning, Nov. 9th. Has been confined to his bed two days, taking hot drinks for the purpose of trying to overcome the chilliness and shivering, which has troubled him for several days. But day before yesterday he felt so weak, had such a bad taste in his mouth, and having slept scarcely any for two or three nights, he concluded that he would lie by and doctor a little. Took some boneset tea, which vomited him very well, and has continued warm ginger tea up to this time. Is now in partial perspiration, wrapped up very warm and desires to remain so, because he is so cold otherwise. Has no appetite and a good deal of thirst. Has some griping pains in various parts of his abdomen, which he thinks are owing to the diarrhœa, which he supposes is all that is the matter with

him, because that was his first trouble about a week ago, and still continues. Has had five or six operations from his bowels daily. Has severe headache, pain in the back, and feels very weak in his limbs. The spleen can be felt, but there is no tenderness. Pulse 111, quick and small; tongue yellow and a little moist.

Prescription. ℞. Quiniæ sulphatis, ʒj.
Acid sulphuric aromat., gtt. xxx.
Aquæ, fℨvj. M.

S. A tablespoonful to be taken every hour.

This case progressed very much in the same way as case II, excepting that the pains he at first complained of grew less severe and disappeared altogether about the eighth day, when he had most fever, and his pulse was 122. He continued with but little alteration for three or four days. The spleen could no longer be felt, (Nov. 21st.) He experienced the effect of the quinine on his head without any increase of dose; after which it was lessened, as in the preceding case, and now, Nov. 25th, convalescence seems established, and he is directed to take it three times a day.

Case IV.—January 5th. I was sent for this morning to the daughter of L. H., æt. 5. She has been troubled with diarrhœa for a week, until the last two days, during which she has had only one alvine evacuation. Has complained of pain in the bowels, particularly in the left side, and of being cold. Has no appetite; thirst is increased; has a dry hacking cough, and is very restless. She now lies perfectly quiet; is in partial perspiration; has no disposition to be interfered with. The eyes are inflamed; tongue is white, a little moist. Pulse 132, very quick and small. Does not complain of any pain.

Prescription. ℞. Ol. ricini.
Syr. acaciæ, *aa*, ʒj. M.

Diet. Toast water or gum water.

6th. Has been more restless; sick at the stomach; more thirsty. The tongue is drier; pulse 138; there is still partial perspiration; medicine has not operated; and, ℞. Ol. ricini, ʒj.; syr. rhei, ʒij. M.—is prescribed.

7th. Medicine has acted four times. Sickness at the stomach is less. She was very restless during the night. Has epistaxis; increased thirst; the skin is hot and dry; pulse 146, very quick and small; tongue more yellow and dry; snuffing respiration.

Prescription. ℞. Quiniæ sulphatis, gr. xvj.
Acid. sulphuric aromat., gtt. x.
Aquæ, ʒij. M.

S. A teaspoonful to be given every hour.

8th. Still very restless. Has had no evacuation from the bowels; has more sickness at the stomach, rejects the medicine; increased heat and dryness of the skin; pulse is 150; the mouth is very dry, and the tongue darker coloured.

Prescription. ℞. Quiniæ sulphatis, gr. xvj.
Liq. morphiæ sulphatis, fʒss.
Acid. sulphuric aromat., gtt. xx.
Aquæ, ʒjss. M.
S. A teaspoonful to be given every hour.

9th. Delirious all the first part of last night. Has had a very free and fœtid evacuation from the bowels. Epistaxis. There are sordes about the teeth and lips; the tongue is black and cracked. She seems very thirsty when drink is offered, but does not ask for anything. Pulse 134. The skin is very hot and dry. She picks at her mouth and nose a great deal.

10th and 11th. The same prescription was continued, and she is now (12th) more delirious. The pulse is 158; the skin exceedingly hot and dry; the tongue bleeds; the nose is stopped with hardened blood. Sudamina. Almost constant motion of the hands; picking the mouth and nose, or bed clothes. Slides down in bed, &c.

Prescription. A teaspoonful of castor oil.
℞. Quiniæ sulphatis, ʒss.
Liq. morphiæ sulphatis, ʒss.
Acid. sulphuric aromat., gtt. xx.
Aquæ, ʒjss. M.
S. A teasaoonful to be given every hour.

17th. Up to this time she has continued with the same serious symptoms she manifested on the 12th. The castor oil operated three times, and she has had three or four alvine evacuations daily since. She now picks at her ears, shrugs her shoulders, and shows that she experiences some unnatural sensation about the ears. Pulse 130, not so quick. The tongue is very black, cracked and rough. Prescription same as on the 8th.

18th. She has had seven alvine evacuations, the last not so dark coloured nor so fetid. Has been less delirious; does not take her drinks so eagerly; says there is something in her ears. Pulse 120; mouth a very little moist; skin not so hot. The same ℞. is to be continued every two hours.

19th. The symptoms are still more favourable. Has had three alvine evacuations, appearances still better. Delirium all gone; skin more natural; sordes cleaning about her mouth, which is moist, and the edges of the tongue are beginning to clean. Pulse 108. Same prescription continued.

24th. She has continued to improve under the same treatment,

and is now decidedly convalescent. The quinine is ordered every six hours.

Cases fourth and fifth, of which I also have notes, are not sufficiently unlike the second and third to need publication; they were managed in the same way, and the result was equally successful.

REMARKS.

When once typhoid fever has become established in the system, I believe it is generally admitted that it is very difficult, if not altogether impracticable, to cut it short by any means. The efforts of the practitioner are consequently restricted to tempering the morbid actions, and especially to the removal of any hyperæmia that may supervene. That such is the correct view, when contrasted with such agents as are generally used to break up fever, it is presumed no intelligent physician will contradict; for to use violent remedies, of the caustic or cathartic kind, in any stage of this disease, appears to me would show such ignorance of its pathology as the present facilities for studying that branch would utterly condemn.

So far as I have used the sulphate of quinine, I have not been led to think that the duration of the disease has been in the least affected by it; but as soon as other opportunities shall occur, I shall not hesitate to give it a thorough trial at the commencement, as my use of it has satisfied me that if it does not succeed in arresting the disease, there need be no fears of its increasing the intestinal affection, which has thus far caused me to be extremely cautious in administering the quinine and to closely watch its effects.

Since fully experiencing the effects of sulphate of quinine in my own person, and closely observing them in others, I have not in the least regarded any of the directions or opinions of individuals who suppose it to have a pernicious influence when given in the time of fever. In Northampton county, Virginia, during the autumn of 1842, I had greater opportunities, and I think I heeded them, of testing its effects when given in the hot stage of remittent fever than is usually afforded; during which time, and the autumn of 1843, I successfully so used it in over four hundred cases, almost to the entire exclusion of mercury in any of its forms, not even combined with an emetic at the commencement; and in my opinion, (and my experience in the use of it fully establishes it to my own mind,) it is a better preventive of congestion, which is the only danger in those fevers, than mercury or anything else with which I am acquainted.

Here I will take the liberty to digress, in order to notice, with

much respect, the opinion of my friend Dr. Upshur, of Norfolk, on "Miasmatic Fevers," as published in a late number of the Examiner. In his notice of the unusual prevalence of fevers, and what he attributes to the treatment of them in Northampton, in the autumn of 1842, I think, upon further inquiry, he will perceive that he has confined his opinion within too narrow bounds, when he thinks that the great mortality during winter there is to be attributed to the almost exclusive use of mercurials in the management of the autumnal fevers. Now, previous to 1842, I entertained a similar opinion, but my own practice there led me to give it a more extensive scope. As remarked above, I scarcely used mercury, in any form, in a single case, for it oftentimes happens in those fevers, that the length of time occupied in getting a patient under the influence of mercury, would cure him under a much more efficacious and milder course of treatment. I usually commenced my treatment with an emetic of ipecacuanha and tartar emetic combined, which I followedby a mild cathartic of castor oil, or rhubarb and magnesia if necessary, and then commenced immediately giving the sulphate of quinine, and have many times repeated it hourly, in doses varying from five to thirty grains, until, after getting the patient under the influence of it, in doses frequent enough and large enough to keep up its influence until the time for the cold stage had passed, which it always will if the patient is fully under its influence. I have found, too, that so far from causing additional excitement in such cases, it is just the reverse when its operation is favorable—and I have never seen a case of remittent or intermittent fever when it was otherwise,—occasioning a diminution of the frequency of the pulse, (as first noticed, I believe, by Dr. Thomas Fearn, of Huntsville, Alabama;) and so far from doing harm in fever, independent of the expected cold stage, it is actually beneficial.

If in such doses it disagrees with the stomach, as it sometimes does, I usually add a small proportion of the sulphate or acetate of morphia to it, which has not only the effect of a corrective, but adds to its efficacy.

Bloodletting is one of the best remedies for the obstinate sick stomach, so apt to occur in some of those fevers, I have ever used; and for the removal of congestion, after it has once commenced, which is not a frequent event, if the sulphate of quinine is early and boldly given, it is almost indispensable.

Such is an outline of my method of practice in the treatment of the remittent fevers of Northampton; and as I never lost a case of simple intermittent or remittent fever, I was under no necessity of resorting to mercurials or any other treatment. But my patients shared as largely in the mortality prevalent there

during the following winter, as those of some of my brethren who so rigidly adhere to the mercurial practice. From what observations I was able to make, it was not by any means exclusively in consequence of the treatment which had been previously pursued. So far only as the mercurial treatment added to the debility of those who had been ill, it rendered them more subject to congestive fever at the coming winter; whilst a protracted convalescence from any other cause, or where they had an attack of fever late in the autumn, and were consequently much enfeebled, anæmic, &c. at the commencement of winter, they were usually unable to resist sudden congestion of different organs, which is so very apt to follow the slightest exposure. And, according to my experience, the cases which were most quickly fatal, were those which had been affected with fever latest in the season, or were most debilitated at the onset of the congestive attack; or in other words, those who were least able to bear it, on account of sufficient time not having elapsed for the energies of the system to be fully restored, were most apt to have typhoid affections of the lungs, brain, andchylopoietic viscera, and least able to resist them.

I think that the reason the winters in Norfolk are comparatively free from inflammations of a typhoid character, is not because the physicians there rely more upon the use of quinine than mercurials, but because remittent fever is not near so prevalent in that locality as it is in Northampton; and if it were so, such attacks would not be so common, because the situation of Norfolk renders it free from those piercing winds which commence with the winter in Northampton.

In my use of the sulphate of quinine in typhoid fever, I have noticed in every case a reduction in the frequency of the pulse as soon as the system began to be influenced by it, which is what I have been unable to effect by any other remedy, without other effects much more deleterious than tinitus aurium; and whatever its toxical effects may be on animals, I have never noticed any on the human subject. I have taken a drachm of it myself without experiencing any other unpleasant sensation than a peculiar roaring in the ears, and an indistinctness of common sounds. I have seen pregnant and nursing females, who are much more easily brought under its influence than others,* so much affected by it as to be unable to distinguish sounds, and to liken the sensation which it excites in the head to that produced by turning swiftly round. These effects rarely last for a

* I think this susceptibility to the impression of the quinine is owing to the irritability of the nervous system in these conditions, as I have observed that other individuals who are noted as being peculiarly "nervous," are also more easily brought under the influence of it.

longer period than twenty-four hours, if the remedy be discontinued.

I have kept up the impression of the quinine in a slight degree, in typhoid fever, for more than a week, and from the six cases in which I have successfully used it, I am inclined to believe that if the system can be brought under its influence before hyperæmia has actually begun in any of the internal organs, and be kept so until the symptoms indicate that there is no longer danger of it, the most dangerous complications and sequelæ may be avoided. In no case in which I have used it has it been necessary to employ wine or other stimulants, and at the termination of the disease the system was much less prostrated, and much better prepared for what I deem a very decided advantage—a short convalescence.

I am well satisfied that the condition in which the six cases, taken successively, were left at the termination of the disease, was not in consequence of their being mild cases, any further than as they were affected by the treatment, if the symptoms at the beginning of the disease are any indication of what may be expected of its later character. In every case, just as soon as the patient was under the influence of the quinine, much greater regularity was observed in the progress of the disease, and there was no tendency whatever to that troublesome complication, inflammation and enlargement of the spleen, which is usually followed by others still more severe and alarming—as diarrhœa, cold sweats, cold extremities, purple cheeks, involuntary discharges, &c., which call for the most active stimulants to sustain vital action, at the expense frequently of its proving fatal the sooner, in consequence of their aggravation of the inflammation of the follicles of the intestines and mucous membranes. From what I have already seen of its effects, I am led to anticipate much more from it, if it should be thought worthy of trial by more experienced and acute observers than myself.

Periodicity in disease is not always so manifest as to be at once evident; but that there is as much evidence of periodicity in typhoid fever as in many other affections equally curable by sulphate of quinine, is beyond question. As remarked by Prof. T. D. Mitchell, "we cure an ague and fever by sulphate of quinine, no matter whether it be a true and open ague or a masked intermittent. And we cure many cases of genuine neuralgia, unattended by chill or fever at all perceptible, by the same agent. These are common cases, with which all practitioners are familiar, and they clearly set forth the adaptation of the remedy on the ground of intermittence." But whether typhoid fever possesses the same common property is not yet sufficiently demonstrated to place it beyond doubt; and its curability by sulphate

of quinine no more establishes it, than does the circumstance of syphilis giving way and being cured by mercury make it a symptom in its diagnosis.

Waterbury, Ct., Feb. 16th, 1846.

Case of Extra Uterine Pregnancy, in which the Fœtus was carried twenty-two years. By JOHN W. CRADDOCK, M. D., of Halifax County, Va.

The subject of this pregnancy was a mulatto woman, the property of Mr. Charles Walker, of Campbell County, Virginia, in whose possession she remained until her death, which took place twenty-two years after she became pregnant, and in the forty-fourth year of her age. It was her first and only pregnancy, and happened about the age of twenty-one. Up to the usual period of utero-gestation, nothing remarkable occurred to her. At this period she was seized with labor-pains of the usual character, which continued at intervals for three days, without any result as far as the birth of the child was concerned. During this period, she had the attention of several respectable and accomplished physicians, among whom was Dr. Raleigh White, Sr., a practitioner of much celebrity, and well known in Virginia. This gentleman concurred in the opinion that the case was one of extra-uterine pregnancy, and as her sufferings ceased at the expiration of the above mentioned term, advised that there should be no interference with the course of nature.

She was accordingly abandoned by her medical attendants, and in a short time resumed her labors as a cook and washer-woman; in which capacity she served for twenty-one years, not in good health, but never confined by illness, and always presenting the appearance of an advanced stage of gestation. At the expiration of the above time, she was attacked with an acute pneumonia, which terminated her life after a short illness, without any uncommon symptom.

After death, Dr. Scott made a careful examination of the thoracic and abdominal cavities, and extracted the fœtus with its appendages and cyst. Dr. S. found the cyst occupying the greater basin and superior strait of the pelvis, to be of a triangular form, nine inches long, by seven and a half at its greatest breadth. The small intestines were entirely displaced, but the uterus and bladder appeared to retain their natural relations to the sides of the pelvis. The attachments of the cyst consisted first of a cord three-fourths of an inch in diameter, containing many blood vessels, passing from its lower extremity into the space between the bladder and uterus, where it was firmly fixed, and secondly of a cord three inches in length, and some two

lines in thickness, passing between the other extremity of the cyst and the omentum major.

Upon removing the cyst in order to examine its contents, the parietes were found to be ossified to so great an extent as almost to resist the scalpel, the ossification being very general and involving also the placenta, which was fixed on the inside of the cyst, at its lower extremity; this ossification of the membranes displays well the process as it occurs in the flat bones of the body. The fœtus, as will be seen in the annexed cut, held a position not unfrequently met with under natural circumstances, except that the long continued pressure exerted upon it had, probably by causing an absorbtion of the waters, condensed it by pressing the parts out of their natural form.

Fig. 1. Fig. 2.

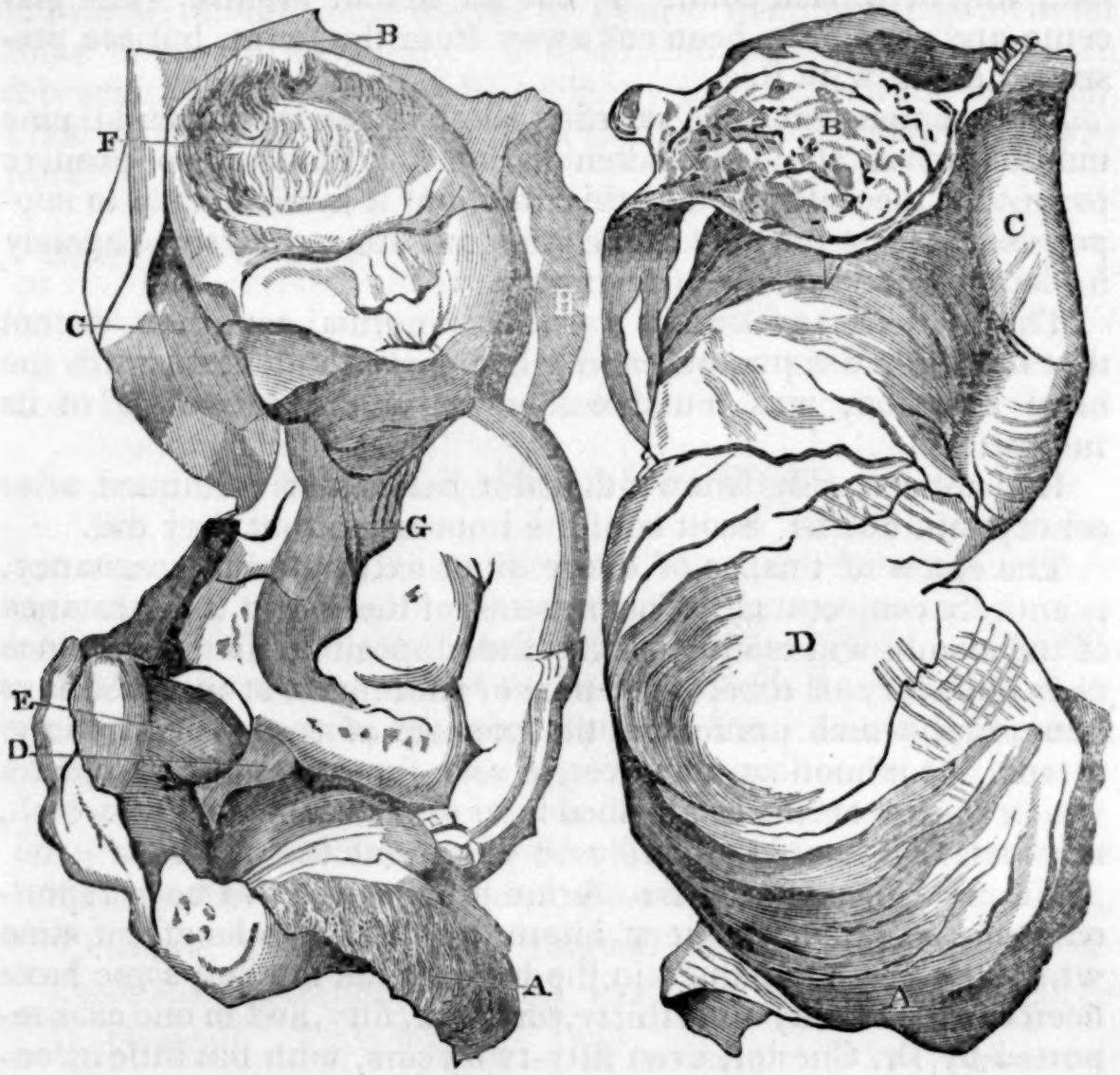

Fig. 1. *Front view.*

A. Lower portion of divided placenta. B. Upper portion of do. turned back from the head. C. Right arm raised by the side of the head. D. Umbilical cord compressed into an angular shape, and passing downwards, between the legs to reach the back part of the placenta A. E. Right thigh and knee, corres-

ponding to the indentation in the forehead. F. In the position in which they were found in the cyst. G. Depression in the breast caused by the compression of the chin. H. Fragments of the ossified membranes of the cyst.

Fig. 2. *Back view.*

A. Lower portion of the divided placenta.

B. Upper part of do. turned back, showing the ossific and fibrous structure.

C. Right arm by the side of the head.

D. Convexity of the cyst.

The fœtus is fully formed, and measures nineteen inches in its longest diameter, and sixteen in the short, and thirteen from the top of its head to the bend of the knee. The hair of its head is long and of a dark color. It has no sexual organs. The placenta and cord have been cut away from the fœtus, but are preserved along with it.

The woman was well satisfied she had carried the child nine months, when she was taken in labor. There is no positive proof that the fœtus died at this time, but it is reasonable to suppose so, at least the time of the labor must have had some agency in determining the age of the fœtus.

The uterus was found in a perfectly normal condition, except that a large brass pin, one and a half inches in length, with the head attached, was found embedded in the substance of its fundus.

It is not certainly known that the catamenia continued after conception, but Dr. Scott is of the impression that they did.

The cause of this, as of every other extra-uterine pregnancy, is entirely conjectural. The presence of the pin in the substance of the womb, will readily suggest the supposition that its presence near the ovary or tube, at the time of conception or in a few days after, might have prevented the passage of the ovum into the uterus. It is bootless, however, to seek for causes of phenomena which controvert the established laws of the economy, and which, if ascertained, would probably be of no practical value.

Numerous cases of extra-uterine pregnancy have been reported, some of which are very interesting from the length of time which the fœtus remained in the body of the mother; some have been carried twenty-five, thirty, forty-six, fifty, and in one case reported by Dr. Chester, even fifty-two years, with but little inconvenience to the mother, except from the sensation of weight.

On the Employment of Phosphate of Ammonia.

Prof. R. M. Huston:

In a trial made under my observation with this article, in the dose of only about three grains, a series of alarming and highly irritative symptoms was induced. In about an hour after its introduction into the stomach, the patient was attacked by a sense of tightness in the præcordia and around the chest; nausea; thirst; a hard, small, frequent pulse; and a collapsed state of the circulation. These disturbances were followed by fulness and tension in the head; heaviness in the limbs; and an unsteady tottering gait. The case seeming likely to become serious if unrelieved, was treated by a moderate bloodletting, a dose of senna and salts, and mucilaginous drink; which had the effect of affording relief, though some degree of gastric irritation remained for some hours subsequently. The first action of the medicine in this instance appeared to be violently irritating on the stomach. I had good reason to suppose that the preparation employed was pure.

Respectfully,

C. Voigt, M.D.

March 30th, 1846.

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Lectures on the Nature and Treatment of Deformities, Delivered at the Royal Orthopædic Hospital, Bloomsbury Square. By R. W. Tamplin, F. R. C. S. E., Surgeon to the Hospital. *With numerous illustrations.* 8vo. pp. 216. Ed. Barrington & George D. Haswell. Philadelphia: 1846.

Elements of Surgery. By Robert Liston, Surgeon to the North London Hospital, Professor of Clinical Surgery, etc. etc. *Fourth American from the last London Edition, with copious notes and additions.* By Samuel D. Gross, M. D., Professor of

Surgery in the Medical Institute of Louisville, Surgeon to the Louisville Marine Hospital, etc. etc. *Illustrated with numerous engravings.* 8vo. pp. 664. Edward Barrington & George D. Haswell. Philadelphia: 1846.

Lectures on the Operations of Surgery, and on Diseases and Accidents requiring Operations. By Robert Liston, Esq., F. R. S., Senior Surgeon to the University College Hospital, and Professor of Clinical Surgery in the College. *With numerous additions,* by Thomas D. Mütter, M. D., Professor of Surgery in Jefferson Medical College of Philadelphia; Fellow of the Royal Medical and Chirurgical Society of London, etc. etc. 8vo. pp. 565. Lea & Blanchard. Philadelphia: 1846.

A venerable friend, and distinguished member of the medical profession, was wont to say that extraordinary cases seldom occur singly—that with accidents and severe surgical cases, the advent of one is but the prelude to others.

Something of the sort not unfrequently happens with medical book-publishing; at one time we have pouring forth volume upon volume of *Practice;* next a flood of *Midwifery, Diseases of Women, and Diseases of Children;* then we have tomes, both great and small, on *Dermatology;* anon we have *Chemistry*, or, it may be, *Materia Medica;* now, as our readers will perceive, is the season for *Surgery.* Of the recent publications on this subject, above we have given the titles of some which we shall now notice briefly, and shall endeavour to do at least equal justice to others on hand, in a future number.

1. First in the order of our enumeration is the work of Sir Benjamin Brodie. Some of the lectures contained in the present volume were presented to our readers in the pages of the Examiner of a former year, from which they are enabled to form for themselves some estimate of the character of the work. Sir Benjamin Brodie has long been distinguished as a surgeon, even among those in the front rank, and may now be regarded as occupying the very first place in Great Britain, if not in the world. It is not as a mere operator that he is distinguished—that, it must be conceded by all right thinking minds, is but a very humble part of the qualifications of a surgeon—but as a profound patho-

logist and therapeutist. We may be prejudiced or mistaken, but in these higher and really intellectual qualifications, we know of no living surgeon that approaches him. His well considered opinions and practical instructions are conveyed, too, in language so appropriate, so simple, clear, and chaste, that one scarcely knows whether most to admire the excellence of the matter or the beauty of the style in which it is clothed. Theory and practice go hand and hand throughout. Rarely is a precept given without being illustrated by some apposite case, selected from his vast experience, and always in the fewest and most expressive words. Nothing more than is necessary to enforce the point is said; and nothing that is necessary is left untold.

The lectures which constitute the present volume were originally published in some of the London Medical Journals, and subsequently republished in the library department of the Medical News, and now are presented to us in the more connected and agreeable form of a separate volume.

We shall not pretend to criticise the doctrines of so eminent a master as Sir Benjamin Brodie, but content ourselves with giving a few occasional extracts on points of great importance, for the edification of our younger brethren, as well as evidences of the sound views, ethical and scientific, of the distinguished lecturer. Lecture 2d, which is devoted to "illustrations of some important circumstances connected with operative surgery," is especially rich in this respect.

"There is no department of the healing art in which there is so much to interest or to excite both our own profession and the public, as there is in operative surgery. In the greater number of cases of disease treated by other means, it is difficult to say how much of the success obtained belongs to the remedies employed, and how much to the natural powers of the patient's constitution. But it is entirely different in those cases that are the subjects of operations. Recourse is had to this mode of treatment only when nature can go no further; and an operation, so far from being the direction of a natural process to a safe result, is, for the most part, an abrupt and rude interference with whatever nature is about. If a cure arise from an operation, it is to be attributed to that, and to that only: and thus it happens that some of the most splendid results obtained in the healing art are those which are claimed by the operating surgeon.

"But an operation, while it may do good, may also be pro

ductive of evil. A man has a stone in the bladder; he is suffering torture; he has nothing but a frightful death to which he can look forward. As the least of two evils, he is contented to submit to the operation of lithotomy: and, it may be, that in the brief space of three minutes he is placed in a situation of perfect comfort, and that in forty-eight hours you are able to declare with confidence that his life is perfectly safe. A man may have a disease in the knee-joint, with carious bone and abscesses; he may be worn out by pain, by perspirations, sleepless nights, and other symptoms of hectic fever. You amputate the limb; and even on that very night he may sleep soundly; there may be no more perspirations, and in a week he may be gaining flesh, and present the aspect of health. But then, on the other hand, there are other cases, in which the patient, after lithotomy, may die within forty-eight hours, although he might have lived—in misery, it is true—had he been let alone, a year or longer. So, in the case of amputation for a diseased knee-joint, the patient, instead of recovering, may die in the course of a few days, and very much sooner than he would have done had not an operation been resorted to.

"This double result of operations adds to the interest which this part of surgery possesses, and to the responsibility which is entailed on those who practice it. But what adds still more to the one and to the other, is this—that it is not only great operations, such as lithotomy, and the amputation of the thigh, that are attended with risk. A man died in this hospital from the consequence of a sting of a bee; and another died, in this hospital also, from those of the bite of a leech. A patient died in consequence of a wound, not an inch in length, on the inside of the knee, made for the purpose of dividing the saphena vein. I have known a patient die from erysipelas that followed the simple operation of cupping; and there have been not a few instances of fatal venous inflammation supervening after a common bleeding in the arm. A lady had a small encysted tumour on her head not larger than a pea. A surgeon who was at that time (for what I am speaking of was many years ago) an eminent man in his profession, removed the tumour, but did it imperfectly. The disease returned, and another surgeon, at that time in large practice also, removed it more effectually. The patient died from erysipelas of the scalp. So others have died from the removal of piles, and other apparently trifling operations."

The following is a description of what the lecturer considers to be necessary to constitute "an accomplished operator." How widely he differs from some celebrated French—and perhaps we might add—English and American operators!

"An accomplished operator! That term may be used in various senses; but I will tell you, before I proceed further, in what sense I use it. I apply it, not to him who looks at his watch to see in how short a space of time an operation may be completed; nor to him who, during an operation, is putting himself in the situation of those who are looking on, considering what they will say, and anxious to appear dexterous in their eyes. According to my notions, he only is an accomplished operator who, before he engages in an operation, looks at all the consequences, both good and bad, which may ensue; and earnestly endeavours to lay his plans so that there may be as great a chance as possible of the former being obtained, and of the latter being avoided; and who, while actually engaged in an operation, thinks neither of himself nor of the by-standers, nor allows any question to arise in his mind, except as to what he should do to bring the case ultimately to a safe termination with the least possible distress to the patient."

The following observations on the "loss of blood" we deem of particular importance. Not only are they just, as it regards surgical operations, but they apply with equal force to obstetrical practice, and the extensive employment of bloodletting in the treatment of inflammatory diseases generally. The supervention of inflammation, especially of a diffuse character, after great loss of blood, although a notorious fact, is not enough considered by many practitioners when combating sthenic forms of disease, and hence the erysipelases, peritonites, dropsies, etc., which so frequently follow.

"The patient may recover from the operation, and the wound may be healed, and yet, where there has been a copious hemorrhage, the constitution of a delicate person, more especially of delicate women, may be so much damaged by it, that it may not recover for some years. After an operation I have sometimes heard a bystander say, "oh, he has lost no more blood than it will do him good to lose." It is painful to me to hear such an observation as this: be assured that an operation cannot be performed with too little loss of blood. The loss of a few ounces in a patient who has a stone in the bladder, complicated with disease of the kidneys, will make all the difference between life and death: and so it is in many other cases. If it is desirable that the patient should lose blood, you can always take it from his arm, and just as much as is wanted, and no more. There can at any rate be no advantage from the loss of an uncertain quantity of blood in an operation. Some people seem to me to have

a notion that the loss of blood in an operation will make the patient less liable to inflammation afterwards. But I believe that it is just the reverse. Bleeding may relieve phlegmonous inflammation where it already exists, but it does not prevent its existence; and on the other hand, I have no doubt that it increases the liability of the patient to other kinds of inflammation, such as erysipelas, or diffuse inflammation of the cellular membrane, or venous and arterial inflammation. Those sthenic inflammations, if I may use the expression, occur especially in those persons who have lost much blood. Let it be your object, therefore, in every operation, that it should be performed in such a manner that there should be as little waste of blood as possible."

To avoid unnecessary loss of blood in operations, beside a thorough knowledge of anatomy, Sir Benjamin advises, "when an operation is likely to be tedious, to take up the bleeding vessels as you go on; as, for example, in the dissection of some tumours, and even in some cases of amputation, when the patient has no blood to spare. Sometimes, where there is a long continued dissection, you will find great advantage from using a silver knife with as sharp an edge as can be given to this metal. The silver knife will divide the cellular membrane and smaller vessels, but it will not divide any vessel of considerable size. As it divides the cellular membrane it also stretches it, and elongates the vessels that are in it, and you know that vessels which are stretched before they are divided, bleed but little." The lecturer recommends that a tourniquet be always used in amputation; for although direct pressure, as with the thumb, may suffice to stop the bleeding from a large vessel, as the femoral artery, the tourniquet will in addition arrest the bleeding from the small vessels.

The present volume comprises thirty-nine lectures; six of which are devoted to the consideration of mortification; three are on diseases of the hip-joint; four on inflammation, ulceration, &c., of the veins; and the remainder to various subjects, as fistula in ano, hemorrhoids, and other diseases of the rectum; polypi; extraction of foreign bodies, etc. etc.

2 The work of Mr. Tamplin is also in the form of lectures. Originally, these lectures were delivered at the Royal Orthopœdic

Hospital in London, and published in the London Medical Gazette. Subsequently, "at the request of several friends," as the author informs us, he was induced to revise them, and republish them, with some additions, in a separate form. It is from this revised edition that we now have an American reprint, in a style which, bating the paper backs, (employed we suppose for the convenience of sending by post to subscribers) is quite agreeable to the eye. The illustrations are creditable specimens of wood engraving; the paper is white, with good wide margins to the pages; and the typography, but for a little carelessness in proof-reading, very fair.

The work consists of *fourteen lectures*, the first being confined to general introductory observations. Lecture 2 is on talipes equinus and its treatment; 3, on talipes varus congenitus and treatment; 4, talipes varus non-congenitus, talipes valgus, etc.; 5, talipes calcaneus, talipes calcaneo-valgus, and treatment; 6, 7, 8 and 9, treat of deformities of the knee and their treatment; 10, 11, 12 and 13, of rachitis and curvatures of the spine; 14, of wry neck, contraction of the lower jaw, shoulder-joint, arm, wrist, fingers, toes, etc. On all these subjects the work of Mr. Tamplin may be regarded as an excellent manual, embracing the latest improvements in apparatus and the best methods of cure.

3. The Elements of Surgery by Mr. Liston has been before the profession in this country several years, and extensively, too, as may be seen from the fact that the present is the *fourth* American edition, three of which, including this, under the supervision of Professor Gross. We can adduce no better evidence of its general approval. Mr. Liston is a bold and original thinker, with quite too good an estimate of himself to pay court to authority, however high, and too much regard for science and himself to do injustice to rivals and contemporaries. Well read, and enjoying extensive opportunities for acquiring experience, few living authors are better qualified for expounding the principles of surgical science, and the evidences of these attainments are abundant in the work before us.

The additions by Professor Gross are numerous, and always judicious—not impertinently thrust in, or inordinately eked out. The illustrations, although numerous and valuable, we regret to

be obliged to say, are not all executed with that neatness for which our Philadelphia artists are distinguished.

4. The lectures on the Operations of Surgery by Mr. Liston, which are embraced in the present volume, were delivered in University College, London, in 1844, and published subsequently in the "London Lancet." Like the preceding work, it bears the impress of a master's hand. No man among British surgeons of the present day, probably, is more distinguished as an operator, than Robert Liston. His great dexterity, and apparent fondness for operating, has subjected him to the suspicion, by those not personally friendly to him, of less caution in resorting to the use of the knife, than the rules generally observed on that subject enjoin. With what justice we pretend not to know; but it has been boldly charged on him in some of the public prints in London, in canvassing his treatment of the case of the late Mr. Seaton, who was shot in a duel some months back, in which he tied up the external iliac artery. The patient having died shortly after the operation, the enemies of the surgeon have insisted that he was led astray in his diagnosis and treatment of the case, by what they allege to be his ruling passion. We are inclined to regard the charge as malicious, or designed to affect the legal issue before the courts, growing out of the breach of the law against homicide. Nevertheless, it shows the character enjoyed by Mr. L. as an extensive and expert operator. It is, however, a melancholy truth, that the love of operating, with those who follow it, "grows with their growth and strengthens with their strength," until arrived at that period when the value of all fictitious reputation comes to be duly estimated, and nothing remains to charm the mind but what is "lovely and of good report."

The love of display is natural to the human heart, and in that respect, operative surgery holds the same relation to other branches of the healing art that military duties do to civil offices. It represents "the pomp and circumstance" of our professional life. It is the tinsel, the glitter, that catches the eye and excites the huzza of the ignorant and unreflecting masses. Impelled by such influences, the ambitious surgeon is himself too apt to forget that "an operation is, for the most part, an abrupt and

rude interference with nature"—an acknowledgment, in fact, of the imperfection of our art.

In the lectures before us we are glad to find that proper views on this subject are inculcated by Professor Mütter.

"To help the lame and to cure the blind, is but a small, though essential, part of the surgeon's duty, and is not to be accomplished by manual dexterity, by mere handiwork. You know full well that the surgeon of modern days has far higher duties to perform; that the art of healing is not divided, as in the darker ages, into the labour of the mind and the labour of the hands, the latter being our portion. The surgeon, it is true, was once the servant of the priest and the physician; he performed the menial part of dressing wounds, shaving the heads of his masters or their patients, and stooped to other meaner occupations. He shared neither the emoluments nor honours." This is the true doctrine. Teach surgeons to think they have offices of a higher grade to perform than mechanically lopping of a limb or tearing out a tumour, and they will look at, and teach their patients to regard, such exploits as the least intellectual and honorable of the functions they perform.

In this volume we have directions for the performance of most of the operations belonging to surgery, as well as instructions for the treatment of diseases and accidents requiring operations; the subjects of chief importance not embraced in the lectures of Mr. Liston being supplied by Dr. Mütter. The contributions of the latter occupy, indeed, nearly one-half of the pages of the volume, and contribute a full share to its interest.

Lecture I, which is by Dr. Mütter, is on the importance of operative surgery, and the necessity of a thorough knowledge of anatomy; incisions; hemorrhage; dressing wounds; union of wounds; sutures.

The subject of hemorrhages is treated at considerable length, and the various methods of arresting the flow of blood from all parts of the body are fully and clearly described, constituting, it seems to us, an excellent *resumé* of this branch of surgical practice. Affections of the eye, are likewise very fully treated of, partly by Mr. Liston, and partly by Dr. Mütter. We have been especially pleased with the pages devoted to *cataract*, in which Dr. Mütter seems to have collected, in the space of about thirty

pages, every thing important that is known, as to its variety, pathology, and treatment. It is in fact the best summary with which we have any where met. But we cannot point out all the portions of the work which have struck us as particularly valuable, and must therefore be content with commending the volume, as well as that on the principles, to the particular notice of the profession, as comprising a great amount of solid information on the principles and practice of surgery.

A Clinical Introduction to the Practice of Auscultation, and other modes of Physical Diagnosis; intended to simplify the study of the diseases of the Lungs and Heart. By H. M. Hughes, M. D.; Fellow of the Royal College of Physicians; Assistant Physician to Guy's Hospital, etc. 12mo. pp. 270. Lea & Blanchard. 1846.

Dr. Hughes' work came from the London press during the past year, and is now the latest publication on the subjects of which it treats. Thus far, it has had the rare good fortune to be commended by all the critics who have spoken of it, which is pretty strong evidence that it possesses more than ordinary merit. No one can examine it without admitting that it is a very useful book, and well adapted to the wants of beginners in the study of the physical signs of disease. Less elaborate than the work of Barthe and Roger, it yet contains all that is essential as an introductory treatise, while it possesses an advantage over the excellent work by Dr. Walshe, which is confined to diseases of the lungs, in also embracing diseases of the heart.

"The means adopted for investigating diseases of the chest by physical signs, in contradistinction to the natural symptoms, are principally included under the terms Inspection, Palpation, Percussion, Auscultation, Mensuration, and Succussion." After a brief chapter containing "preliminary observations and directions," the author proceeds to treat of the subjects embraced in the volume in the order pointed out.

Dr. Hughes modestly disclaims either novelty or originality, but having read what has been written by those who have preceded him, and had the advantages derivable from fifteen years of practice and observation in one of the largest hospitals in Lon-

don, he very justly claims the privilege of an independent observer, in stating the conclusions at which he has arrived.

The Diagnosis, Pathology, and Treatment of the Diseases of the Chest. By W. W. GERHARD, M. D.; Lecturer on Clinical Medicine to the University of Pennsylvania; one of the Physicians to the Pennsylvania Hospital, etc. 8vo. pp. 288. Second Edition, revised and enlarged. Ed. Barrington and Geo. D. Haswell. Philadelphia, 1846.

Although the present work of Dr. Gerhard is called a *second* edition, a considerable portion of it in fact appears before the public a third time. This has afforded to the author full opportunity for a careful revision; and that he has availed himself of this advantage is apparent in the style as well as the matter of his volume. Instead of being presented in the form of lectures, "in the present edition, the work is thrown into the usual form of chapters, divided according to the subjects of which they treat. The whole work has been revised, numerous corrections have been made, and a considerable quantity of new matter has been added," without materially increasing the size of the volume.

Dr. Gerhard's work differs much from that of Dr. Hughes. It is more comprehensive in its scope, more authoritative in its tone, and less doubtful in its conclusions. It is the production of one who has enjoyed extensive opportunities for studying the diseases it embraces, and hence presents strong claims to professional confidence.

THE MEDICAL EXAMINER.

PHILADELPHIA, MAY, 1846.

THE FRENCH GOVERNMENT AND BICHAT.

By the London Medical Gazette we are informed that: "At the request of the Parisian Medical Congress, Louis Phillipe has ordered that a portrait of Bichat shall be placed in the Historical Gallery of Versailles; and he has conferred a pension on the aged brother of the celebrated anatomist and surgeon."

THE NATIONAL MEDICAL CONVENTION.

Under this head we regret to find in the last number of the *St. Louis Medical and Surgical Journal*, some exceedingly erroneous and illiberal remarks in reference to the Philadelphia Medical Schools. We shall not quote the offensive observations of our contemporary, nor reply to them, as they were evidently written without much reflection, or a proper acquaintance with the facts; the error, however, into which the writer has fallen, ought to be corrected. It is contained in the following extract: "It seems that though the Convention meets the approbation of most of the Medical Schools and Societies and Journals of the United States, there is some opposition. We regret that this opposition should come from the Philadelphia Schools. Philadelphia has been, and is yet regarded the head quarters of medical teaching in this country, and hence the influence of this city on the destines of the profession, is greater than that which any other city could exert. Should Philadelphia lend her aid in the advancement of Medical reform, this object of the Convention would be much facilitated, but it appears that she will not do this."

We have no special authority to speak for the Philadelphia Schools, but happening to know something of their action in this matter, we venture to assert that the proposed Convention *is not opposed by them*. No such opposition has been manifested or felt. They are entirely passive in regard to it. They have simply come to the conclusion

that, *as Medical Schools,* it is not expedient for them to take any part in the Convention; obviously leaving to the profession at large the originating and maturing of any plan or plans that may be thought expedient and right for improving the existing condition of things. Where then is the ground for complaint? Is there any opposition, any illiberality in those who are supposed to have a special and separate interest in the matter, leaving it entirely to the mass of the profession, without seeking in any manner to influence and control its proceedings? We can see none. But why condemn the Philadelphia Schools, as if they alone had declined a participation in the Convention? We have been informed of other schools, and some of no mean pretensions, who have determined to pursue the same course. That some of the Schools should be represented, may be well enough; but if all were to send delegations, so numerous are they that their united voices might control the proceedings of the Convention, and thus give occasion to louder and perhaps well founded complaints.

That there is neither opposition nor indifference felt by the profession in Philadelphia, on this subject, will be seen by the following proceeding of the Philadelphia Medical Society—the oldest and probably the most numerous Medical Association in the United States.

At an adjourned meeting of the Philadelphia Medical Society, held at the Chamber of the College of Physicians, April 22d, 1846, Dr. B. H. Coates, Vice President, in the chair, the following preamble and resolutions were presented by Dr. Warrington:

Whereas, a convention of delegates from the different medical societies and colleges of the United States has been called by the New York State Medical Society, to assemble in New York on the first Tuesday in May next; and *whereas*, it is desirable that said convention should be truly national in its character and objects, and should be composed of delegates from the various sections of the Union; therefore,

Resolved, That it is expedient for this society to be represented in the proposed meeting.

Resolved, That twelve delegates be elected to be present, at the time appointed, to aid in the promotion of such measures and objects as they may deem advisable for the best interests of the medical profession.

On motion of Dr. West, the first resolution was unanimously adopted.

After remarks from several members, the adoption of the second resolution was moved by Dr. Parrish and carried.

On motion, The preamble was unanimously adopted.

On motion of Dr. Wallace, the society proceeded to ballot for each delegate separately, and the Chairman appointed Drs. Bell and Parrish tellers.

The tellers announced the election of the following gentlemen as delegates: Drs. John Bell, Henry Bond, George W. Norris, Isaac Hays,

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By the London Medical Gazette we are informed that: "At the request of the Parisian Medical Congress, Louis Phillipe has ordered that a portrait of Bichat shall be placed in the Historical Gallery of Versailles; and he has conferred a pension on the aged brother of the celebrated anatomist and surgeon."

THE NATIONAL MEDICAL CONVENTION.

Under this head we regret to find in the last number of the *St. Louis Medical and Surgical Journal*, some exceedingly erroneous and illiberal remarks in reference to the Philadelphia Medical Schools. We shall not quote the offensive observations of our contemporary, nor reply to them, as they were evidently written without much reflection, or a proper acquaintance with the facts; the error, however, into which the writer has fallen, ought to be corrected. It is contained in the following extract: "It seems that though the Convention meets the approbation of most of the Medical Schools and Societies and Journals of the United States, there is some opposition. We regret that this opposition should come from the Philadelphia Schools. Philadelphia has been, and is yet regarded the head quarters of medical teaching in this country, and hence the influence of this city on the destines of the profession, is greater than that which any other city could exert. Should Philadelphia lend her aid in the advancement of Medical reform, this object of the Convention would be much facilitated, but it appears that she will not do this."

We have no special authority to speak for the Philadelphia Schools, but happening to know something of their action in this matter, we venture to assert that the proposed Convention *is not opposed by them*. No such opposition has been manifested or felt. They are entirely passive in regard to it. They have simply come to the conclusion

that, *as Medical Schools*, it is not expedient for them to take any part in the Convention; obviously leaving to the profession at large the originating and maturing of any plan or plans that may be thought expedient and right for improving the existing condition of things. Where then is the ground for complaint? Is there any opposition, any illiberality in those who are supposed to have a special and separate interest in the matter, leaving it entirely to the mass of the profession, without seeking in any manner to influence and control its proceedings? We can see none. But why condemn the Philadelphia Schools, as if they alone had declined a participation in the Convention? We have been informed of other schools, and some of no mean pretensions, who have determined to pursue the same course. That some of the Schools should be represented, may be well enough; but if all were to send delegations, so numerous are they that their united voices might control the proceedings of the Convention, and thus give occasion to louder and perhaps well founded complaints.

That there is neither opposition nor indifference felt by the profession in Philadelphia, on this subject, will be seen by the following proceeding of the Philadelphia Medical Society—the oldest and probably the most numerous Medical Association in the United States.

At an adjourned meeting of the Philadelphia Medical Society, held at the Chamber of the College of Physicians, April 22d, 1846, Dr. B. H. Coates, Vice President, in the chair, the following preamble and resolutions were presented by Dr. Warrington:

Whereas, a convention of delegates from the different medical societies and colleges of the United States has been called by the New York State Medical Society, to assemble in New York on the first Tuesday in May next; and *whereas*, it is desirable that said convention should be truly national in its character and objects, and should be composed of delegates from the various sections of the Union; therefore,

Resolved, That it is expedient for this society to be represented in the proposed meeting.

Resolved, That twelve delegates be elected to be present, at the time appointed, to aid in the promotion of such measures and objects as they may deem advisable for the best interests of the medical profession.

On motion of Dr. West, the first resolution was unanimously adopted.

After remarks from several members, the adoption of the second resolution was moved by Dr. Parrish and carried.

On motion, The preamble was unanimously adopted.

On motion of Dr. Wallace, the society proceeded to ballot for each delegate separately, and the Chairman appointed Drs. Bell and Parrish tellers.

The tellers announced the election of the following gentlemen as delegates: Drs. John Bell, Henry Bond, George W. Norris, Isaac Hays,

Isaac Parrish, J. Warringtou, Alfred Stillé, J. Rodman Paul, Francis West, Samuel George Morton, Wm. Pepper and M. Clymer.

On motion of Dr. Bell, it was Resolved, That the delegates have power to fill vacancies in their own body.'

Resolved, That the proceedings of this meeting be published in the medical journals, and that the names of the delegates just appointed be published in the daily papers.

Then adjourned.

By order of the Society.

ISAAC PARRISH, Secretary pro tem.

MEDICAL STUDENTS AND GRADUATES.

At our request, a young friend has made out, from official Catalogues and Medical Journals, the following table of the classes in attendance on lectures at the different Medical Colleges the two last years, and of the Graduates, and the ratio of the Graduates to the classes respectively. We shall be glad if some of our cotemporaries will supply the blanks, and correct any errors they may find.

	CLASS, 1845-46.	GRADUATES, 1846.	RATIO.	RATIO in 1845.
Jefferson Medical College, - - -	469	170	1 in 2.7	1 in 3.5
University of Pennsylvania, - - -	462	168	1 in 2.7	1 in 2.1
University of New York, - - - -	425	131	1 in 3.2	1 in 3.2
Medical Institute of Louisville, - -	345	79	1 in 4.4	1 in 4.0
College of Physicians & Surgeons, N. Y.	200	38	1 in 5.3	1 in 5.2
Medical College of Ohio, - - - -	195	46	1 in 4.2	1 in 4.4
Geneva Medical College, - - - -	178			1 in 4.4
Harvard University, about - - -	180	31	1 in 5.8	1 in 8.2
Transylvania University, - - - -	170	64	1 in 2.6	1 in 4.1
Willoughby Medical College, - -	164			1 in 20
Western Reserve College, - - -	160			
Berkshire Medical Institution, - -	142	35	1 in 4.1	
Castleton Medical College, - - -	140	36	1 in 3.9	
Albany Medical College, - - - -	115	42	1 in 2.7	1 in 5.5
Medical College of Georgia, - - -	112	31	1 in 3.6	
Pennsylvania Medical College, -		36		4.3
Medical School of Maine, - - -	73			
Yale College, - - - - - - - -	53			
University of Missouri, - - - -		29		
St. Louis University, - - - - -		11		

MEDICAL BOTANY.

We have learned with pleasure that a course of lectures on Medical Botany, to commence early in the present month, will be given during

the summer by Mr. Alfred L. Kennedy. This will add another to the many facilities afforded in this city to medical students for acquiring a knowledge of medicine and its kindred sciences. We have reason to think Mr. K. is well qualified for the task he has undertaken, and hope our young friends who are remaining in Philadelphia during the summer, will avail themselves of the opportunity for obtaining an acquaintance with this useful and elegant science.

RECQRD OF MEDICAL SCIENCE.

Practical observations on various forms of Dyspepsia. By Robert Dick, M. D.—Having thus considered the subject of primary and secondary assimilation, and its derangements, we shall now devote a few words to the treatment of indigestion in its complicated forms, namely, when it has given rise to derangements in distant organs. It may simplify this part of the subject, to state, at the outset, the general principles which, in these circumstances, must guide our measures. It is clear that the best way of curing the secondary, is by removing the primary affection: that, consequently, when directing our efforts to dissipate the dyspeptic derangements, we are in reality, though indirectly, acting against the lesions secondarily induced by it elsewhere. Accordingly, in all cases in which the secondary affection is of urgency and importance, measures directed to the original disease must ever constitute a part, and a considerable one, of the treatment. But secondary affections are sometimes so serious, so pressing, and involving such important organs, that to make their relief dependent altogether on the issue of measures directed to the original disease, would be to hazard imminently the life of the patient. For it seems certain, that chronic dyspeptic derangement may occasionally give rise, or dispose to, disease more urgent than itself. When this happens, *two series* of treatment must often be simultaneously pursued; the treatment of the secondary affection being grafted on that of the primary. This, I say, must often be done, it being not *alwuys* necessary. When the secondary affection is trifling, transient, purely functional, it may not be necessary to hurry to measures distinct from those addressed to the original disease; but when the heart, lungs, brain, or spinal cord, betrays marked and persistent derangement, separate measures must be adopted.

In such circumstances we are sometimes under the necessity, on account of the secondary affection, of acting on the digestive organs in a way which we would avoid doing had we only the primary affection, or simple indigestion, to contend with. Thus, for a conges-

tive headache, or for suspicious thoracic symptoms, we are occasionally compelled to administer powerful and debilitating purgatives. This is, however, a necessity to be avoided, if possible, and one, oftener than we might suppose, possible to be avoided: since the secondary affections are, in general, not so rapid as when occurring, primarily, in undebilitated constitutions. Chronic indigestion seems to give to morbid action the same indolent and feeble character which it induces in organs still comparatively healthy.

If the treatment of the primary affection, previous to the incidents of the secondary one, has been judicious, it is obvious that no alteration is required as regards that; all which is necessary is to superinduce the additional means required by the latter, and to redouble our attention. One circumstance demands notice. No advantage is derived to the secondary affection from the continued use of any medicine or plan of treatment, which aggravates the primary derangement. This is too obvious to require illustration. Digitalis, elaterium, colchicum, nux vomica, squills, though useful in anasarca and ascites, in gout, in paralysis, and pulmonary disease respectively, provided these organs are so prepared, or these medicines so combined, that no gastric excitement follows their employment, will, without these precautions, severally do harm: will both derange the assimilating surfaces, and likewise augment the dropsy, the arthritic, the paralytic, the pulmonary affection, in consequence of the febrile excitement they will induce; by which cutaneous transpiration is interrupted, and other constitutional disturbances created. Cases illustrating the justice of these observations must frequently present themselves to practitioners. Hence, the treatment of dyspeptic disease, when involving secondary affections, is somewhat nice and complex, and affords a more than ordinary opportunity for the display of genius and invention on the part of the physician.

Functional and Structural Disease of the Heart, in connection with Derangement of the Digestive Organs.—I believe that the only mode in which stomach complaint *directly* affects the heart, is a mechanical one, to wit, by means of the distension which enormous meals of solids and liquids, soups, fish, flesh, beer, wine, soda water, coffee, tea, all at a sitting, and the almost necessary flatulence, may cause, and by which, more especially if sleep is soon after indulged in, the diaphragm may be pressed up, and the heart's action impeded, but particularly the aorta may be seriously oppressed by the superjacent loaded stomach; and hence, the current of blood being opposed, the right ventricle is compelled unduly to exert itself. In this way I believe chronic gluttony may induce hypertrophy of the ventricle, nay, even aneurism of the aorta. In fact, I have witnessed cases, the history of which I believe to have been no other than this. I have also sometimes suspected that the palpitations which occasionally accompany prolonged derangements of the stomach, liver and bowels, may be owing to a preternaturally impure, and perhaps even acrid character of the portal circulation, and the impinging of a current of such blood against the internal lining membrane of the cava

inferior and left auricle. But this idea has, of course, the value of mere conjecture. The only other modes in which dyspeptic derangements can affect the heart, are extremely circuitous. The one is by the channel of nerves, through, as I have already remarked, the intercommunion of the various parts of the sympathetic; the splanchnic nerve being the medium of transmitting irritation to one part of the ganglionic circle, the cardiac nerves reflecting it on the heart; or the par vagum may be the channel. A third mode in which chronic digestive derangement may affect the heart, is by the production of disorders of primary assimilation, by which constitutional complaints, such as gout, are induced, in the course of which the membrano-cartilaginous tissues of the heart may be structurally affected. Rules cannot be laid down for the treatment of such cases. The practitioner must discover and apply them for himself, in respect of each particular case. The palpitations due to inordinate meals, and to the injudicious use of flatulent articles, have an obvious remedy.

Pulmonary Affections caused by Dyspeptic Derangements.—This may appear in one or all of three ways:

1. By the propagation of inflammatory irritation along tissues common to both organs. This propagation may take place up the œsophagus and down the trachea; more circuitously, at least more obscurely, along the hepatic veins, lower cava, right auricle and ventricle, pulmonary artery; for it is easy to conceive how the blood, passing directly from an inflamed and morbid liver, may perniciously affect an organ of a structure and function so peculiar as that of the lungs. Of course, in this case, all attention must be given to quiet the digestive mucous surfaces.

2. Chronic digestive derangements may induce pulmonary disease, by causing a general and chronic febrile excitement, by which, more especially, if there is predisposition to chest affections, sudden and formidable disease of the lungs may be occasioned. It is a just remark of Andral, that it is necessary to watch, with the utmost jealousy, the slightest colds and pectoral symptoms of dyspeptics, since it is wonderful how insidiously the secondary pulmonary affection may grow into alarming independent disease.

A third and equally indirect mode in which protracted derangement of the assimilative organs, and of assimilation, may induce pulmonary disease, is one we have already referred to, in which, to requote Dr. Prout's expressions, "the imperfectly assimilated chyle, in passing through the lacteal system, either does not undergo the necessary changes by which chyle is converted into blood; or is malconverted into the comparatively insoluble pseudo-albuminous matter of struma, which, in passing through the lungs, lays the foundation, perhaps, at first mechanically, of tuberculous deposition and future accretion."* (Stomach and Renal Diseases, p. 490.) This is a cri-

* Pulmonary tubercle is probably various in its mode of formation as in its seat; being first formed now in the areolar tissue, now in the cells. As Dr. Prout seems to state, the granular and apparently nucleolar formation, is

tical complication, requiring great judgment and promptitude on the part of the practitioner.

Affections of the Brain and Spinal Cord, induced by Derangements of the Digestive Organs.—The nerves of organic life may exhaust or irritate the spinal cord all along its tract, and through it the brain. The par vagum may more directly still produce a like effect.

Some recent writers on derangements of the digestive organs, and on the tendency of these to produce secondary affections, have too exclusively imputed the disorder of the brain, consequent on stomach complaints, to hyperæmia. Andral, in various parts of his works, makes observations corrective of this. "You will observe," he says, "sometimes the same symptoms in two individuals, the one of whom has his brain congested, the other anæmic." A recent practical writer observes: "it must be borne in mind, that the process of digestion is one of hyperæmia, or of active congestion of the mucous membrane of the stomach. This active congestion is repeated or reproduced in the brain in two ways, by the direct action of one organ on the other, or through the intervention of the heart. This state of stomach produces corresponding congestion of the brain," &c. This writer always assumes that what he calls active congestion is a natural state of the healthy stomach, and equally that "a corresponding congestion of the brain," healthy or not, necessarily takes place. I question both affirmations, particularly the latter. And I apprehend that many of the phenomena supposed unquestionably due to cerebral congestion consequent on digestive activity of the stomach are to be imputed to other causes. This may be illustrated by a somewhat analogous case. A patient of Dr. Sweatman's had kept the horizontal posture ten years. If she sat up for a short time she fainted: yet, during this period she had borne children, and appeared in health. Dr. S., on examining the patient, found immense varices in the veins of her legs, into which, when she stood up, an immense quantity of blood gravitated, which was the cause of the deliquium. She was cured by her legs being bandaged. Now I apprehend that the drowsiness, the temporary hebetude, which are stated by the gentleman just referred to as infallible proofs of an hyperæmic state of the brain, consequent on a corresponding state of the stomach, during the digestive process, are, I shall not say always, but frequently due to a condition of the nervous power, and of its circulating fluids, analogous to what took place in the case of this lady. It is to the concourse of blood towards the stomach, liver, and intestines, and the consequent subduction of it from the cerebrum, but perhaps more particularly to a subduction of nervous power and activity, analogous

often posterior to the depotism of the tubercular matter. "Die tuberculöse infiltration besteht in der verwandlung einer unbestimmt begranzten grösseren parthie des lungasgewebes in tuberculöse kässige masse: die infiltration ist nicht erst aus dem zutammen-fliessen isolirter tuberkörner (durch aggregration) anstanden die granulationen entwickeln sich oft erst spöter aus der infiltration." Canstall's Handbuch der medicinischen Klinik, page 812 Consult also Rokitanski, Hasse, &c.

to that of the blood, from the brain to the stomach, there to supply the additional amount of nervous power required during digestion, that drowsiness and other cerebral symptoms noticed at this period are chiefly due. Chronic dyspeptics do not usually superabound with blood; and why or how the brain, unless disposed to disease, should become hyperæmic simultaneously with the digesting stomach, is not easy to see; while it is, on the other hand, obvious, that it would require considerable general plethora to admit of these organs being simultaneously hyperæmic. It is, moreover, to be kept in mind, that chronic dyspeptics are usually, from bitter experience, extremely circumspect in diet; though, indeed, there are many exceptions to this. I am, therefore, disposed to explain the cerebral excitement or fulness, occasionally accompanying digestion or dyspeptic derangements, as caused through the medium of the sympathetic; the ultimate branches of which, netted on all the minute twigs of the carotids, and entering with these into the inmost recesses of the brain, may produce singular irregularities of the function and circulation of that organ. Congestion of the brain, even effusions in it, pains, throbbings, and lesion or anomalous action of the sensal organs, may each have the source now indicated.

In all such cases the liver must receive attention, and this point is of the more importance, as usually, when the liver acts inefficiently. the kidney also does so. A free state of the digestive surfaces will in most cases go far to relieve the sympathetic affections of the cerebro-spinal organs, which depend on moderate plethora and irritable congestion. Ipecacuanha joined to mild purgatives, and administered for some time, is conspicuously advantageous here. If great irritability of the gastric organs is present, and we have reason to conjecture that the ganglionic nerves participate in this state, as proved by cardiac palpitations, oppressed or accelerated respiration, headache, &c., then hyoscyamous, camphor, ipecacuan, must be freely given; the bowels being kept in lax but not draining action. If the bowels and kidneys, by the means directed for the purpose, act with tolerable freedom, we need not insist on a sensibly perspiring state of the skin. Yet a somewhat moist state of it should be certainly secured, since on its being established spontaneously, or by medicine, some of the most formidable head affections and pains about the lumbar spine pass away, almost without any other means.

If there be cerebral but not general plethora—that is, if, though the head be hot, the cheeks red, the conjunctiva tumid, and a sensation within the cranium of fulness, distension, or throbbing be felt, there be yet a pulse calm and only moderately full, then leeching in the fossæ behind the ears, or cupping on the nape of the neck, followed by a blister, if it appear necessary, will be required. "The most effectual remedy," observes Dr. Philip, when speaking of sympathetic headache, "is bloodletting from the head or its immediate neighborhood." But if the plethora be general, and the gastric affection of an irritable hyperæmic kind, leeches must be applied to the epigastrium, and also to the anus, and saline purgatives be given. Dr.

Philip speaks of emetics, which I cannot recommend except very occasionally: to wit, when the headache is entirely due to some indigestible aliment lodged in the stomach, and within an emetic's reach; for if it be passed into the duododenum purgatives are better, since ingesta can be recovered from the duodenum only by unpleasantly violent anti-peristaltic action. Yet the principle on which Dr. P. proposes to administer both emetics and cathartics is strictly sound. "Emetics and cathartics frequently relieve headache, because they not only tend to remove the cause of headache, but occasion—the former immediate, the latter eventual—depletion of the vessels of the head."

In anæmic headache the course is different. This headache may not be directly due to gastric derangement, yet it is to be cured in great part by means addressed to the digestive organs. Thus, for example, child-bed flooding, or any other resembling cause, may produce intense headache, and intense pain and debility of stomach, simultaneously; but in such a case we must neither impute the headache to the gastric affection, nor the gastric affection to the headache. They are, in such cases (and these cases are not rare,) synchronous, or, if we may be allowed to coin a word possibly a little more exact, *iso-chronic* affections, dependent on a common cause: to wit, anæmia of the cerebro-spinal organs, and languor of the circulation. Yet the treatment of both must be chiefly through the stomach.

Let us now very briefly notice digestive derangements secondarily produced from affections of distant parts and organs. And first, as regards cutaneous derangements. The effects of an extensive scorch or scald of this surface will perhaps best illustrate its pathological relations with the digestive organs. In the event of such an accident, the nervous centres are powerfully excited and exhausted; and at the same time, it often happens that one or other of the mucuous canals, alimentary or urinary, is inflamed. Our business, at present, is with the former. This, then, especially if there have been predisposition to disease, is not unusually precipitated by the accident referred to into acute inflammation; it rarely fails, at least, to manifest a considerable degree of secondary disturbance. The cutaneous and mucous surfaces are, as we have before observed, antagonistic; that is, an active secreting mucous membrane causes a less active cutaneous, and *vice versa*. Now, as was also formerly remarked, and as, in fact, follows from the very terms of the proposition now stated, membranes that antagonize also supplement each other; that is, if the cutaneous membrane, by sordes, by eruptive or other disease, by scald, scorch, &c., is rendered incapable of its function, the mucous membrane is rendered more active (in common, it may be, with the urinary,) and may thus have a vicarious duty suddenly thrown upon it, which, if already morbidly disposed, it may not be unable to undertake without excitement verging on inflammation. On this principle, then, we explain dyspeptic derangements consequent on or accompanying small pox, measles, scarlatina, &c.

Disease of the heart produces secondary indigestion, or hepatic hyperæmia, principally by causing congestion of the gastric mucous surfaces, and of the portal system.—***Lond. Med. Gaz.***

Tracheitis; Condensation of the Lower Third of the Left Lung; Death; Inspection. By C. M. DURRANT, M. D.—A little girl, aged 4, after exposure to cold, was seized with catarrh and hoarseness, which was permitted to continue for five days prior to seeking medical advice.

On the fifth day the symptoms were those of croup, with stridulous breathing and cough; at which period she was freely leeched over the sternum, had repeated emetics, and took calomel and antimony every two hours; blisters were applied to the nape and sides of the neck. I saw her in conjunction with her medical attendant on the eleventh day of the disease. Her complexion was pale; skin hot and pungent; tongue tolerably clean; the bowels had been freely relieved; urine depositing lithates; pulse quick and feeble; breathing accelerated and slightly stridulous; cough short, not very frequent, and unaccompanied by expectoration. A minute physical examination of the chest could not be made. Percussion elicited marked dulness over the postero-inferior regions of both sides, while auscultation afforded evidence of the lungs being very imperfectly filled with air.

The previous treatment, viz., two grains of calomel, with half a grain of tartar emetic, every two hours, was persevered in; the trachea was blistered by means of the application of a roll of flannel dipped in boiling water; and the vapour of water was directed to be kept constantly diffused throughout the air of the room.

The little patient, although decidedly, was but temporarily, relieved by these measures; she became rapidly weaker, in spite of stimulants, and died comatose on the thirteenth day of the disease.

Inspection. Mucous membrane of the larynx and trachea intensely red, and dry; three small abraded spots, the result of commencing ulceration, were found upon the mucous membrane of the trachea, immediately above its bifurcation; bronchial tubes injected and filled with sanguineous mucus; right lung healthy; liver protruding high into the right pleura, giving the character of dulness on percussion during life; lower fourth of left lung hepatized; the apex of the same lung contained two or three scattered, but softened tubercles; left costal pleura covered with recently effused albuminous lymph.

Remarks. To the length of time which was so culpably allowed to intervene between the commencement of the disease in the case just detailed, and the period at which medical advice was sought, is mainly to be attributed the want of success attending the very energetic and judicious treatment in the first instance adopted.

The general symptoms were those of inflammation of the trachea, with obstructed respiration, and do not call for special comment. The dulness on percussion over the right infra-scapular region was more marked during life than upon the left side, and affords another instance of protrusion of the liver, simulating disease within the chest. With the exception of the dulness over the lower part of the lungs behind, the natural resonance on percussion was unaffected. Auscultation, on the contrary, afforded evidence of extreme feebleness of the

respiratory murmur, a degree of spasm of the commencement of the air passages preventing free access to the entrance of air.

Spasm of the glottis, in croup, rather than the amount of adventitious membrane, becomes very frequently the immediate cause of death; to obviate which, (as was given in the above case, although omitted in the report,) it is desirable to combine with the other remedies, small doses of an opiate. Death in the above case occurred probably in part from the shock of the nervous system, by the extent of the inflammation and duration of the disease, and partly also from the influence exerted on the brain by the circulation of imperfectly arterialized blood.

The application of boiling water for the purpose of exciting rapid vesication will, in many cases, similar to the one in question, be found of signal benefit. The treatment of disease by moist air, and the influence which it exerts in depurating internal organs when in a state of congestion, has been ably revived by Dr. Golding Bird. The diseases to which this practice is more especially applicable are, capillary bronchitis, pneumonia, and croup in children; its adoption may, however, be extended with great propriety and advantage to similar affections in the adult. Under its operation, as stated by Dr. Bird, and which I have also verified, the respiration becomes less rapid, and panting; the cough diminishes frequently in a marked degree; the secretion from the bronchi is rendered less viscid, and expectoration consequently facilitated, and diaphoresis occurs.

In two instances which have recently fallen under my notice, the most beneficial effects followed the diffusion of moist air as an auxiliary to the ordinary treatment.

The first case was that of an infant, aged eighteen months, in whom the most intense capillary and general bronchitis existed. The temperature of the room was steadily maintained at 70° Fahrenheit, while a constant supply of steam was conveyed through a tube into the apartment, both during the day and night. After the expiration of five hours a marked improvement in the symptoms became visible, the respirations less frequent, with diminution of cough and frequency of pulse, and the ultimate recovery was rapid.

The second case was bronchitis, supervening on latent pneumonia, occurring in a young gentleman, aged 15. The posterior aspect of the left lung, embracing the infra-scapular and lateral regions, was consolidated, over the entire extent of which the respiration was so loudly tubular, as to resemble cavernous breathing. The cough, which was the most distressing symptom, was nearly constant. In this case the diffusion of moist air, unremittingly supplied, was equally efficacious as in the former, in lessening the irritation, and finally removing the cough.—*Lon. Med. and Sur. Jour.*

Circumscribed Pneumonia of the Left Lung, Terminating in Gangrenous Abscess; Recovery; Signs of Cavity, with double Musical Murmur, Excited by the Heart's Action; Latent Tubercles at the apex of the right Lung. By C. M. Durrant, M. D.—A young

man, after prolonged exposure to cold in an open boat, returned home chilly and shivering. On the following morning he complained of dull pain situated about two inches above the left mamma, and slightly aggravated by a deep inspiration; some cough, without expectoration; pyrexia; pulse 80; bowels regular. Ten days after this, (the period at which I first saw him in conjunction with his usual attendant,) the countenance was anxious and sallow; tongue clean: pulse 80, of moderate strength; there existed also pain over the left mammary region, with cough and muco-purulent expectoration. Has never had hæmoptysis, but has lost a sister from pulmonary phthisis.

Physical signs. Chest expands freely.—*Percussion:* Complete dulness to the extent of from two to three square inches over the painful spot above, and a little to the sternal side of the lift mamma; a flat rather than a dull sound was also elicited under the right clavicle. —*Auscultation:* Total absence of breath-sound over the consolidated spot, with a small crepitating rhonchus around its edges; increased resonance of voice and cough, with loud transmission of the sound of the heart through the diseased portion of lung. Respiratory murmur feeble at right apex in front.

Throughout the treatment of this case the system resisted the influence of mercury, the gums remaining unaffected notwithstanding the most diligent and prolonged internal and external exhibition of the remedy. A similar difficulty occurred in exciting external inflammation over the diseased spot by means of counter-irritation.

The patient continued for some weeks much in the same condition, with cough, muco-purulent expectoration, acceleration of pulse, and emaciation. The appetite was good, but the defined dulness, with extinction of breath-sound, remained unaltered. At this period the expectoration assumed a dark greenish yellow colour, both it and the breath of the patient becoming at the same time intolerably fœtid. Percussion now yielded a clearer sound; a large gurgling rhonchus occupying the previously dull spot.

Under these circumstances the prognosis became in the highest degree unfavourable, since, in addition to the abscess, indubitable signs of latent tubercles were evident at the apex of the opposite lung. The appetite, happily continued tolerably good, a free allowance of nutriment was taken. The fœtor of breath was removed by the inhalation of creosote, commencing with one drop three times a day, increased to four, above which quantity it was not well borne. Iron and quinine, with the iodide of potassium and dilute nitric acid, were at the same time prescribed.

Under this treatment, the features of the case assumed a more favourable aspect; the cough and expectoration diminished; the gurgling rhonchus was succeeded by cavernous breathing, and pectoriloquy; the pulse at the same time becoming gradually reduced in frequency. The shower bath was ultimately used daily with decided benefit. Throughout the progress of the case, the patient remained free from perspiration.

Two years have elapsed since the occurrence of the phenomena

to which the above report refers; the patient, notwithstanding one or two very slight attacks of hæmoptysis, has continued to feel and believe himself well. An opportunity having presented within the last few weeks, (Nov. 25th, 1845,) of again examining the chest, I am enabled to append the following note of his present physical condition.

States that he feels well, has gained flesh, and is free from cough. Continues to use the shower-bath daily.—*Physical Signs:* Infra clavicular region of the right side expands slightly less than the left. —*Percussion:* Stroke sound under the right clavicle flat, scarcely amounting to dulness; normal on the left side; loud amphoric sound elicited between the third and fourth ribs of the same side; resonance healthy over the remainder of the chest.—*Auscultation:* Respiratory murmur feeble under the right clavicle, confined to the apex of the lung; healthy behind; resonance of voice not increased; cavernous breathing, with pectoriloquy audible over a spot about an inch in diameter, corresponding to the seat of the amphoric stroke-sound, and accompanied by a prolonged double musical murmur, excited by each action of the heart, and strictly confined to the site of the cavity. On removing the stethoscope to the extent of an inch in any direction beyond the walls of the cavity, the sound is rendered at once inaudible.

This case presents many points of interest. The patient, in previous good health, exposes himself upon the water to cold, returns home chilled, has a rigor, followed by general febrile symptoms, with pain and other phenomena sufficiently evident to direct attention to the chest, as the principal seat of the disease. The *pain* was located in one spot, and persistent; it was described as a dull pain, and not increased by motion or intercostal pressure. These characters, while they negatived the existence of pleurodynia, as well as pleurisy, rendered at the same time highly probable the presence of pneumonia. The correctness of this opinion was fully realised by the character of the physical signs, which, throughout the progress of the case, were exceedingly well marked. The dulness on percussion, to the extent of from two to three square inches, situated over the locality of the pain, at once indicated the existence of a circumscribed portion of consolidated lung; and that pneumonia was the disease upon which this sign depended, was further evidenced by the simultaneous occurrence of a fine crepitation around its edges. As the disease, instead of undergoing resolution, advanced to abscess, the physical phenomena became equally indicative of this more serious lesion. We now find, over the previously dull spot, an amphoric sound, elicited by percussion, pointing to the existence of a cavity communicating freely with a bronchial tube; while on auscultation a large gurgling rhonchus, corresponding to the spot over which the respiratory murmur was before inaudible, became at the same time painfully distinct. These circumstances, together with the history of the case, and the characteristic odour and appearance of the expectoration, rendered the nature of the disease unequivocally apparent.

The object of the early treatment, viz., the resolution of the consolidated portion of lung, was frustrated by the resistance offered by the system to the introduction of mercury, as well as the great difficulty which existed in producing counter-irritation over the affected part. It was omitted in the report, but which may now be stated, that a seton introduced in the mammary region, was equally unsuccessful in effecting a discharging surface.

This antagonism between internal disease, and the operation of remedies, is not uncommon, more especially when the former is confined to a small spot, and assumes from the first a sub-acute or chronic character. I have, however, in no other instance witnessed so persistent a determination (so to speak) of the system to resist remedial measures as in the present case.

On the formation of abscess, the most marked benefit was derived from the inhalation of creosote. It removed the fœtor from the expectoration; it lessened the cough, and greatly diminished the amount of expectoration.

On the present condition of the case, it is necessary to make one or two observations.

The patient considers himself strong and well, and notwithstanding the most rigid injunctions on the part of his medical attendant, he unfortunately evinces extreme imprudence in reference to exposure to cold. The amphoric stroke-sound, together with the perfect pectoriloquy that now exists, indicate a small cavity in the original site of the abscess, lined probably by organized membrane. Its proximity to the heart causes, at each pulsation of that organ, a vibration of the air within the cavity, and thus gives rise to the double musical murmur so distinctly heard, yet so completely circumscribed in extent. This latter sound is unquestionably of rare occurrence, requiring for its production a cavity containing air only, of certain dimensions, communicating with the bronchi, and at the same time sufficiently near the heart, as to be influenced by its movements.

The pulsatory gurgling sound pointed out by Dr. Stokes, arising from the agitation of fluid in cavities, excited by the action of the heart, will be met with more frequently than the phenomenon of the double murmur above mentioned. Of the condition of the apex of the right lung no doubt can longer exist in reference to the presence of tubercles. When the patient first came under observation, he had had no hæmoptysis; the result of percussion was a flat, rather than a dull sound; and the only indication derivable from auscultation was a slight feebleness in the respiratory murmur. Under these circumstances, therefore, with a deranged condition of the circulation in the left lung, the physical signs alluded to might possibly have arisen from congestion, and a doubtful opinion upon this point was therefore expressed. Now, however, two years having elapsed, and the same phenomena obtaining, together with the fact, that a small quantity of blood has more than once been observed in the sputa, coupled with the recollection of a sister having died of phthisis, I have no hesitation in pronouncing, that latent tuberculization exists at the

apex of that lung. The fact of the deposit, which is scattered, having neither increased nor excited surrounding inflammatory action, is unquestionably a favourable circumstance; still, however, in a case presenting similar conditions, even under the best directed auspices for the future, a rigidly guarded prognosis should be given.—*Ibid.*

Ligature of the Posterior Tibial Artery for a Wound.—By John Charles Hall, M. D., Member of the Royal College of Surgeons, of England, &c. &c.—I have read with great interest and attention the valuable paper forwarded to the Royal Medical and Chirurgical Society, by Mr. Arnott, and also the remarks made by several of the experienced surgeons who entered into an examination of the subject in the discussion to which the paper gave rise. It appears that a wound of this artery is not a very frequent occurrence, evidenced by the fact that Mr. B. Cooper, in his very extensive experience, had only seen two cases; I may, therefore, perhaps be permitted to forward my notes of a case in which this artery was tied by myself some years ago.

April 16th, 1841.—I was requested by Mr. Parkinson to visit, with all possible haste, Mr. N——, a gentleman upwards of sixty, who had been thrown from his horse, and was, to use the words of Mr. P., "bleeding to death from a wound of the leg." As I was within a mile of Mr. N.'s house at the time of the accident, the case was seen in less than half an hour after the infliction of the injury. His clothes were saturated with blood, and a considerable quantity had flowed into his shoe. He was cold and faint, with a feeble purse. A little brandy and water was immediately given to him, and he was placed in bed. On removing his clothes, a wound of about an inch in length was seen in the calf, a little below the junction of the upper with the middle third, and from which the blood was now again beginning to flow freely. A tourniquet was applied to the femoral artery, which retarded the hæmorrhage, but did not altogether check it. The nature of the injury was at once evident, and the necessary steps immediately taken for securing the posterior tibial artery. Introducing a long narrow-bladed knife into the wound, the muscles were carefully divided above and below the seat of injury, down to the deep fascia which was now clearly seen on sponging away the coagulated blood, and into which a small opening had been made. (The manner in which the injury had been sustained was doubtful. At the time, the old gentleman was riding a horse that plunged violently and threw him with great force to the ground; his foot was fixed in the stirrup, and he was dragged some distance; he says when his foot got at liberty the horse kicked him with considerable violence, on the leg; he had neither trowsers nor gaiters upon his leg, which was only protected by a thick stocking. On looking at the shoes of the horse, we found he had been shod behind with what are called "*caulkings*," one of which Mr. N. supposed had been driven into his leg.)

Enlarging the opening in the fascia, after removing a good deal of coagulated blood, the artery was found, and secured by passing a liga-

ture above and below the wound and dividing the vessel between them. The wound in the muscles was then brought together, and a bandage passed from the toes to the upper part of the thigh; the patient appeared to experience much relief from this, which, in a great measure, checked the spasm and quivering of the muscles, which were somewhat severe during and immediately after the operation. A large dose of Liq. Opii. Sed. was given. No constitutional disturbance worthy of notice took place. Both ligatures came away on the 12th day after the operation. I saw Mr. N. a few days ago; he was on horse-back, and told me he could not discover that the leg on which the injury was sustained was worse than the other; and that it did its work very well.

Mr. B. Cooper appears to think that the other operation is better, and that the artery can be readily found and secured by separating the *soleus* from its attachment to the tibia. I know not how this can be managed on the living subject, but I well know its difficulties on the dead; and remember after trying it several times on the dead body remarking to my esteemed friend and old teacher, Mr. Lane, that I never dare venture to take up the artery in this manner, if called to a patient with a wound of the posterior tibial artery. Mr. Guthrie, in his usual graphic manner, has thus stated the difficulty of thus performing the operation. "The operator has cut his four inches, has turned up the head of the *gastrocnemius*, and has insinuated his director under the head of the *soleus*, which he has also *sliced away from the bone*, the artery is still an inch inwards, bound down by a strong fascia, which must be cut immediately over or by the side of the artery; it will not do to separate it from the bone and then push it over; it cannot be done." Even when this fascia is divided after the most approved fashion, Guthrie considers it almost impracticable to separate the two veins from the artery, and to pass a ligature under it from without inwards, so as to avoid the nerve. "If a bystander should inquire *why this most difficult, painful, bloody, tedious, and dangeroug operation is done?* the answer would be, solely because it was not usual to make a longitudinal incision in the muscles of the calf of the leg —an incision which, if made by accident, would be pronounced to be one attended with little danger, and not likely to lead to any subsequent detriment." (*Guthrie on Diseases and Injuries of the Arteries*, p. 259.)

With regard to the point alluded to by Mr. Cæsar Hawkins, "that it was desirable to secure the artery above the wound in cases in which we were ignorant of its precise direction," he mentions a case in which he could not tell whether the femoral or profunda was wounded; he therefore placed a ligature on the common femoral, and the patient recovered. In a case that came under my care, the particulars of which are stated in this journal (April 26, 1844,) in which the patient had received a stab with a long knife at the upper part of the thigh, it was necessary to apply a ligature to the common femoral above the part where it was wounded, another below, and another below that part of the profunda which was wounded, before

the bleeding was arrested. It appears, I think, the proper rule of practice always, if called to a patient *immediately after* the injury has been sustained, to enlarge the wound, and to tie the artery above and below the part that has been opened.

Mr. Hodson mentions a case in which death took place, where the brachial artery being wounded, a ligature was only placed above the part injured. The loss of blood which deprived the unfortunate patient of life was from the lower end; and this person's life would, in all probability, not have been sacrificed, had both ends of the vessel been secured on the receipt of the wound. (On Disease of Arteries, page 469.) Mr. Liston says, "it is not sufficient to include the vessel above the wounded part, for the lower part will, after some time, be supplied by the collateral branches almost as freely as by the large trunk, and consequently bleeding will be renewed; two ligatures are to be employed, one above, and the other below the wound," (page 236.) Mr. Guthrie is of opinion, that the lower end of a divided artery is more prone to secondary hæmorrhage than the upper, and that the retraction and contraction of the lower end of a divided artery is neither so perfect nor so permanent as at the upper end, and that the internal coagulum is in many instances altogether wanting or very defective in its formation (p. 251.)

In the well-known case of Mr. S. Cooper, in which he took up the femoral artery in the middle of the thigh, when the popliteal had given way ten days after the passage of a musket-ball through the ham, no doubt the inflammation in the ham had plugged up the lower end of the artery; and in the case in which this gentleman secured the popliteal artery for a wound of the posterior tibial, there is no doubt but the "extensive ill-conditioned wound" made by the pane of glass, and the "ineffectual attempts of the house-surgeon to secure the posterior tibial," led to the same result, with regard to the lower portion of the wounded vessel. Mr. Liston concludes his argument in favour of cutting down upon a wounded artery, and securing it above and below the opening made in it, thus—"*Cases of hæmorrhage have occurred in which the tying the vessel immediately above the wound has been successful, but these are few, and by no means afford any argument for the adoption of such a measure.*"

Lastly, I venture to express the opinion, that the fears of surgeons that the divided muscular fibres will not unite, are in a great measure groundless; at any rate this case adds nothing to those already recorded, in which the posterior tibial artery has been secured in the way recommended by Mr. Guthrie,—in which the wound in the muscles has healed favourably, and the patient completely recovered.—*London Medical Gazette.*

Cases of Poisoning by Opium.—By Edmund Sharkey, M. D., St. Helier's Jersey. April 18, 1845.—Mr. Adolphus Von Kummer, a foreigner for some months resident here, was found dead in his bed this morning. The following particulars appeared in evidence before the Coroner's jury. He had been labouring under pecuniary embarrass-

ments lately. Yesterday morning, after breakfasting in a hotel, and (as appeared from circumstances detailed in evidence) there taking a large dose of laudanum, he retired into a bath-room of the public baths, and after a lapse of about two hours was found there in a lethargic condition, from which, however, he was roused by the application of cold napkins to his head, shaking him, &c. About 10 o'clock that night he was visited by Dr. King, who remained with him for twenty minutes, during which time he conversed rationally, and seemed quite collected. Dr. K. left him. After Dr. K.'s departure he bathed his feet, and had a bowl of gruel brought to him. At 5 A. M. to-day Dr. K. was summoned to see him, and when he arrived found him comatose, and he died about 8 o'clock A. M. The servant had heard him snoring loudly in the night. Drs. King and Le Cocq, with myself, examined the body within twelve hours after death. The following appearances were noted :—

A quantity of white froth surrounded the mouth and nose. Body still warm and rigid. Stomach healthy; containing a quantity of fluid, apparently gruel, which had not any smell of opium. Intestinal canal also healthy, as were all the other viscera. Head: veins of scalp gorged with blood, also the veins of dura mater, sinuses, &c. There is no effusion in any part of the brain. The contents of the stomach were tried by the usual tests, but exhibited no trace of morphia or meconic acid. However, from all the circumstances of the case, we could come to no other conclusion than that he had died of the narcotic effect of some drug, which must have been taken subsequently to Dr. King's visit on the night preceding his death; and yet no phial, box, or paper was found. But on raking out the cinders of his fire-place a small mass of melted glass was discovered; so that probably, after drinking the contents, he threw the phial into the fire. It was proved in evidence that two separate purchases of half an ounce of laudanum each were made at the shops of two different druggists.

April 19, 1845.—Philip Mourant, æt. 32, an able-bodied sailor, had been for some little time under treatment for an apparently slight febrile attack, from which he was so far convalescent yesterday as to have gone to put his clothes on board the vessel in which he intended to have sailed on the day following. In the course of yesterday evening, after a hearty meal, he was attacked by a severe pain in his back, for which one of the company recommended him to take a dose of opium. A chemist was accordingly applied to, who gave three pills, containing each about one grain and a quarter of Extract. Opii. He took two of these pills, and was immediately afterwards attacked by a convulsive fit, and died. This evening, in company with Dr. Hooper, who had attended him during his late indisposition, I examined the body. The following particulars were noted.

He was a most muscular man, very fat, short-necked, and plethoric. There was an extensive lividity of the integuments of neck. On opening the head, a great quantity of blood flowed from the scalp, superficial veins, and sinuses of the brain. Some effused blood in a

fluid state, and a small clot, were found surrounding the medulla oblongata. Stomach contained a quantity of fluid of a reddish tinge, probably from admixture of some wine which he had taken. Extensive ecchymosed patches were observed on its mucous membrane. Gall-bladder distended with bile. Heart flaccid and pale, nearly empty, and *when handled crepitates distinctly like a piece of lung*; on dividing the large vessels, a small quantity of fluid blood escapes, containing a great deal of gas. Fermentation seemed to have commenced in the stomach, as many bubbles escaped in the fluid which issued at the nostrils on pressing the epigastrium. Vena cava and venous system generally much gorged. These cases present a few points of interest in a medico-legal view. In the first we may observe the rapidity with which all traces of opium had vanished from the stomach, eluding not only the sense of smell, but also delicate chemical tests, so that, if it had not appeared by other evidence that the poison had been taken, and that in large quantity too, the medical witnesses could not have made any positive declaration about it. Again, the recovery of the suicide from the effects of the first dose, and his death so soon after, would have been rather embarrassing, had not the additional circumstances of the melted phial thrown an auxiliary light on the medical probabilities in the case. This affords another proof of the necessity of closely scrutinizing all the circumstances in every instance.

The second case is also rather a remarkable one, especially as regards the condition of the heart and the blood contained in it. The temperature at the time scarcely allows us to suppose that the contained gas could be the result solely of decomposition after the lapse of twenty-four hours; so that we are led to the conclusion that the blood must have been in a morbid condition, which predisposed to the fatal effusion. An important and difficult question was put to the medical witness by the jury, viz. "whether we thought that the dose of opium taken had accelerated the death." Now in any ordinary case, such a dose would perhaps have been innocuous. But if, as in the case before us, there was such a state of circulation as to cause a strong tendency to sanguineous effusion, it is undeniable that even such a dose would be hazardous; and it is quite certain that no judicious physician would think of prescribing opium *in any quantity* for such a patient. This was the substance of the answer which we gave.

Lastly, I think the perusal of both cases cannot but force upon our minds the conviction, that there is something needed in our medical police, as to the unrestricted dispensing of dangerous drugs by chemists and others, to the manifest danger of the community.

[Remarks.—Although Dr. Sharkey's opinion that a second dose of opium was taken, in the first case, may be perfectly correct, and the deceased may have taken at different periods the two half ounces of laudanum which it was proved he had purchased, yet it may be proper to observe that several cases are on record, which show that a person may recover from the first symptoms, and yet ultimately die from the effects of a single dose.—*Ib.*

HOMŒOPATHY, MESMERISM, ETC.

The following remarks, which we extract from the *Epoque*, were made by M. Magendie, on opening his course of physiology at the College de France:

I have long been in the habit, previous to resuming my lectures, of devoting a few minutes to an inquiry into the actual state of medicine, and to an examination of the modifications which the theory and the practice of medical science may have undergone during the preceding year. This retrospective analysis will to-day furnish us with a certain number of reflections, the importance of which it would be in vain to endeavour to conceal, referring as they do both to the present and the future state of the profession.

Medicine and medical practitioners have attracted much attention during the last year. Many members of our profession have sat in congress, government has issued committees, the ministers have made solemn promises, and it is said that a law to regulate our destinies will shortly be presented to the Chambers. Everything, therefore, seems to smile upon us, and the wind swells our sails. But in the midst of these favourable circumstances—of these happy omens, alarming symptoms are discerned. The future prospects of medicine are the subject of deliberation, but ought we not sooner to deliberate on its very existence.

Medicine can only exist but inasmuch as patients have faith in it, and claim its assistance. It is not by theories that it lives, but by clients. Now it is impossible to conceal to ourselves that, at present, a certain proportion of the public abandons classical medicine, ironically called *old medicine*, and throws itself into the arms of new systems, thereby firmly believing that it associates itself to the progress of intellect.

Homœopathy—for it is more especially to it that I allude--aspires to nothing less than to overthrow the entire medical edifice with the arms of ridicule and contempt. And do you know how many specifics it numbers? Thee hundred and fifty! With a few globules of aconite, at the dose of a billionth of a grain, it produces the same effects as a bleeding of twelve or sixteen ounces. You exhaust your intellectual energies to find out the seat and the nature of a disease. Vain efforts! Homœopathy shows that every morbid symptom has its origin in psora, a kind of imponderable agent, which therapeutic substances reduced to unimaginable proportions alone can combat. Thus it is only with infinitely small means that infinitely large effects can be produced.

But, you will say, the persons who believe such absurdities are poor dupes, and the men who prey upon their weakness, hardened quacks. You are perhaps right; but listen to those whom you meet in society, and you will be surprised to hear of the wonderful cures that homœopathy has performed. No doubt its promises are often cruelly falsified, but the failures are but little spoken of. Moreover, we must not deny that many patients have recovered their health, in a most unhopedfor manner, whilst uuder homœopathic treatment. It is easy to understand that enthusiasm or the love of gain should take advantage of such facts to exalt the marvels of homœopathy. This brings us back to a question which I have often raised, and which I have endeavoured to elucidate by experiments

for the last ten years—viz., what is the influence of treatment on the progress of disease?

In hospitals, as well as in private practice, we must first take into consideration the influence of the mind of the patient. Now there can be no doubt but that a patient who takes a medicine, experiences immediate benefit, from the conviction that it will favourably modify his disease. If this favourable result takes place, what has been the real share of the medicinal substance administered? Medical men are always inclined to attribute the cure of the disease they treat to the means which they have employed; but recollect that disease generally follows its course, without being influenced by the medication employed against it. Thus it is that you are often much deceived. A given medicine will succeed in an apparently serious case, and will fail in another case of a less dangerous character, without your being authorized to attribute to yourself in any way the success or the failure.

These reflections explain at once the cures of which homœopathy is so proud. Homœopathy, instead of bleeding a patient, will place gravely on his tongue a globule of aconite, which he will swallow with confidence and faith. You then see the disease improve. But it would have improved just as well without globules, provided some singular operation had struck the imagination of the patient. It really is too great a stretch of credulity to believe that a globule prepared by the formulæ of Hahnemann can contain any active principle. But, on the other hand, any one who has seen disease, must at once admit that this same globule may exercise, through the imagination, a powerful moral effect. You must not, indeed, accuse me of partiality towards homœopathy, when I state that I firmly believe that a physician would cure a patient sooner with globules, if the patient has faith in them, than with the most appropriate medicinal substances, if he distrusted their action.

What I state respecting medicinal substances is equally applicable to bleeding. A patient is seized with the symptoms to which the term inflammatory has been applied, and asks to be bled, believing that the loss of blood will cure him. You open a vein, and the abstraction of a certain quantity of the vital fluid is followed by an amelioration of the symptoms. But take care how you interpret the fact; the improvement may be owing to the moral effect produced, more than to the venesection. I will mention as a proof what I have often observed in my wards at the Hôtel Dieu. A patient labouring under acute disease—pneumonia, for instance—enters the hospital, believing firmly that he ought to be bled; I bleed him, but merely to the extent of two or three ounces; too small a quantity for the circulation to be in the least influenced by its abstraction. Nevertheless, the patient becomes more calm, and says he is better. A mere trial of bleeding will thus often suffice to arrest the progress of a disease which under another physician would be treated by abundant depletion. For more than ten years I have not found it necessary to have recourse to copious bleeding; in other words, I have rather endeavoured to act on the mind of the patient than on the circulation, and I have no hesitation in asserting that my practice has not been the less successful. Indeed, were I to tell you my mind entirely, I should say that it is more especially in the hospitals, in which the most active treatment is adopted, that the mortality is the most considerable. You must not, however, think that I wish

to proscribe bleeding; I only wish to warn you against the deductions that may be drawn from its results.

After mentioning various other pseudo-medical delusions, M. Magendie continued: "It is with regret that I have laid before you this melancholy picture of the deplorable abuses which exist in the medical world; I am afraid no laws on the practice of medicine will be able to eradicate them. The quack will always contrive to elude the wisest regulations, for he knows that patients want to be deceived. Yes, gentlemen, we love error, and often refuse to yield to evidence, even when it is proved to us that our good faith and credulity have been imposed upon. Of this fact I will give you the following proof. A lady, a fervent believer in mesmerism, asked her niece, who was poorly, for a lock of her hair, in order to consult a somnambulist. The niece, wishing to try the credulity of her aunt, gave her the hair of her maid instead of her own. A renowned somnambulist was consulted, and at once recognised, by the hair of the maid, all the symptoms presented by the niece, whose sufferings she minutely described, to the great edification of the lady. The latter was then informed of the trick that had been played. You would naturally have thought that she would have recognised the imposture of the somnambulist. Not at all; she preferred concluding that the maid servant had the same disease as her niece, and obliged her to submit to a regular treatment, as if she had been poorly, although at that time in the best possible health.

Thus, many causes contribute to throw uncertainty on the result of medical treatment, either rational or empirical. Sometimes it is the patient who will be deceived; sometimes it is the quack, who deceives knowingly; sometimes it is the conscientious physician, who, notwithstanding his honesty, allows himself to be led into error by an erroneous interpretation of the means employed.

In the presence of such difficulties, it is less desirable for us to endeavour to lay down some law, than to give to our studies a more serious direction. Instead of demonstrating to pupils theories already framed, and often very badly framed, it would be better to teach them rather to study facts, and to take as their guide experimental observation. We have seen the rise, and, in the course of a few years, the fall, of a system which rests entirely on a single undefined word—inflammation. This system, opposed to all physiological ideas, was erroneously called "physiological medicine;" and yet its author was neither devoid of talent nor of knowledge. Such, no doubt, will be the destiny of those pretended methods of treatment which are, in general, founded on visionary speculations, have fashion for support, and dupes for followers.

As for us, gentlemen, we shall continue, as we have hitherto done, to study phenomena in the organs in which they are accomplished. Although the part of the physician may not be always as efficacious or as active as we could wish, when disease requires our assistance, we may still, by well-judged intervention, assist Nature in overcoming the functional derangements which give rise to disease. We shall more especially, therefore, endeavour correctly to appreciate the physiological action of organs. How, in reality, can we have recourse to rational treatment, when we are ignorant of the normal conditions of the economy?"—*London Lancet.*

We have been permitted to make the following extract from a private letter, written by a medical gentleman now in Paris, to a friend in this city.—*Western Lancet.*

Paris, January 28th, 1846.

"Some days since, I saw Velpeau operate on a man for polypus, which he pronounced (before the operation even) to be of a cancerous nature, and expressed at the same time, the little hope he entertained of eventually eradicating the disease. Why, for the temporary release from suffering thus gained, he should cause the patient the pain of the operation, and probably, at the same time, hasten the fatal termination of the disease, is more than I can understand. While speaking of polypus, I may as well mention, that Velpeau very rarely makes use of any other method in extirpating those bodies from the uterus but with the knife. He says that the hæmorrhage is *scarcely* ever sufficiently great to render this means hazardous; and that in those cases where such a result is to be feared, it can generally be foreseen with ease from the soft mucous feel of the polypus, and especially from the extreme tenuity of its stalk;—laying it down as a general rule, that polypi of the uterus are vascular in proportion to the smallness of their pedicle. It is astonishing how careless these old surgeons become after their reputation is established. M. Roux, in operating the other day for strangulated hernia, went directly *into* the intestine, and when he saw the mischief he had done, he consoled himself by saying, that at any rate the bowel was mortified, and that the patient would, consequently, under any circumstances, have died.

"You ask whether they do not pay very little attention at St. Louis, to general treatment of the skin. In debilitated constitutions they give the preparations of iron, and other tonics, and a nutritious diet; but with these exceptions they give but little or no medicine internally, unless it be arsenic and corrosive sublimate, which, however, are generally avoided on account of their tendency to produce digestive derangement.

"I can give you the whole of Ricord's treatment in a case of gonnorrhœa, occurring in the person of one of my acquaintances. When first called, he ordered twenty leeches to the perineum, and a warm bath; the last to be kept up every night for a week; and once during that time the leeches were repeated. Orgeat drank repeatedly through the day, was advised, and camphor pills taken every night to prevent erections. A strict diet was enjoined. Nothing else was done for the first three weeks; at the expiration of which time, the inflammatory symptoms somewhat subsiding, the patient was ordered a dose of capsules, morning and evening, for seven or eight days, when an injection, consisting first of a weak solution of acetate of zinc, and afterwards, a solution of the nitrate of silver substituted in its place. The case was not terminated until about the seventh week."

"Charrière's instruments have certainly the most beautiful finish of any that I have ever seen, but Luer's *knives* are generally preferred here as having a better cutting edge. I saw the latter a few days since, whittle a piece of ivory with one of his cataract knives, without pro-

ducing the slightest effect on the blade. It is rather difficult to answer your question as to whether extraction or depression is the most commonly resorted to in Paris. Almost all whom I have heard speak on the subject, express a decided preference for extraction; but from some cause or other, as far as I can judge, they generally resort in their operations to depression. The needle I have seen used twice as often as the knife."

Phenomena of Muscular Contraction.—MM. Edouard and Ernest-Hemei Weber of Leipsic, have made experiments on this subject, of which the following is an abstract:—

"There was one difficulty against which all observers of the contractility of muscle hitherto had to contend—namely, the want of a stimulus, by the aid of which they could render the contraction of sufficiently long duration under the microscope; the spasms produced by forming and breaking the galvanic current were almost instantaneous, so that the proper phenomena of the contracted fibre could not well be distinguished. By the aid of a rotatory galvano-magnetic apparatus, M. Ed. Weber was enabled to effect a permanent contraction for an entire day in the muscles of a frog, and was, in consequence, able to observe the phenomena of contractility in all their details. Muscular fibres of a frog exposed and placed on glass in a soft and curved condition, became straight at the moment of contraction; if they were straight at first they remained so on contraction and shortened; when the contraction ceased, the fibres formed the angles described by MM. Prevost and Dumas, in a very regular manner. This phenomenon is produced by the elasticity of muscular fibres, which, when contraction has ceased, endeavour to regain their former length; but the friction against the glass on which they are placed are obstacles to their free motion. The ends of the muscular fibre then cannot separate from each other, or even remain where they first were, and the fibre is bended. MM. Prevost and Dumas have, therefore, confounded the phenomena of the relaxation of a contracted fibre with that of the contraction itself. Many authors believe that the muscular fibres became *harder* during their contraction. This opinion is erroneous; the experiments of the two Webers upon the tension of relaxed and contracted muscular fibres have proved that they become more soft and extensible during their contraction. The hardness that physiologists thought they perceived in contracted muscular fibre depends rather upon their tension, like that of the tendons with which they are connected. It is very remarkable that the degree of elasticity of muscular fibres diminishes during their contraction; their substance must undergo some great change during their contraction: from M. Weber's observations it appears that the transverse muscular striæ, as well as the interstices, become broader in extension and narrower in the contracted state of the muscle; but it is incorrect to suppose that the muscular fibres are composed of discs, which are the instruments of contraction; we must not seek the cause of contraction in the action and reaction of these pretended discs, but in that of the invisible elementary molecules of which their structure is composed."—*Dublin Medical Press.*

Weber's Experiments on the Vagus Nerve.—With the aid of a powerful electro-galvanic machine, when the medulla oblongata of a frog, or the ends of the vagi divided at their origin were irritated, the heart was immediately deprived of motion; when the irritation was discontinued, it recommenced beating after a short interval of time—slowly at first, then quicker, and at length its motions returned as before the experiment. When the rotation of the machine is not very rapid, the heart's movements are only retarded and rendered feeble. Tetanic contractions of the heart have never been observed when its motions had been stopped in the manner indicated, but the organ is flattened and its fibres relaxed. Irritation of the vagus of one side only, produces no change in the heart's motion. If the irritation of the vagi is continued sufficiently long to exhaust their excitability, the heart recommences its beating. The parts in the vicinity of the heart connected with the filaments of the sympathetic nerve being irritated in this manner neither retard nor suspend the motions of the organ; on the contrary, they seem to become more frequent, and if the motions of the heart had been previously stopped, they are restored by this last proceeding. It is uncertain if, in this case, this phenomenon should be attributed to irritation of the sympathetic, or if it does not rather depend on the electricity having been transmitted directly to the heart by means of the moist surrounding animal tissues. If the wires of a galvano-magnetic apparatus be applied directly to the heart, the heart may be seized with a tetanic contraction, and its motions be arrested during the continuance of this spasm. Irritation of the vagi in the manner above mentioned produces the same effects in rabbits as in frogs.—[The results of M. Weber's observations are strongly in favour of the opinions of those who maintain that the heart's action is under the influence of the vagi.]—*Ibid.*

Experiments and Observations on the Absorption of Chyle.—M. Weber's labours go to show first, that absorption of chyle begins to be effected in the conical or cylindrical cellules of the epithelium of the intestinal mucous membrane; at a particular period of digestion those parts become swollen and filled with globules of chyle; the chyle proceeds by ducts still undiscovered into cellules placed beneath, and which envelope the lymphatics and bloodvessels; the lacteals finally take up the chyle in a manner equally unknown [endosmose?] 2d. The presence of chyle can be very satisfactorily traced in the rabbit and in the frog—in the former the chyle is white, in the latter yellow. 3d. Two large cells, composed of smaller cells and covered with epithelium, are often found in the human subject during digestion; one of those cells contain a white and opaque liquid, and the other a thick, transparent one; these two cells are in contact. [This observation has been made by others.] 4th. Most of the intestinal villi in the human subject enclose but one lymphatic vessel, which goes to its free extremity; several of these vessels often go to the larger villi, anastomosing freely with each other in their course; if any of the large villi are divided at their extremity into two, the lymphatic vessel also divides and sends a branch to each

portion of the villus. 5th. Very small, chyliferous vessels situated in the villus take their origin in the lymphatico-chyliferous vessels to be described; their diameter is equal to the capillary vessels of the villus; the network they form is compact—that is, there is no interstice between the vessels which compose them. 6th. When the network of the smaller lymphatic vessels are dilated and filled with chyle, they render the villi opaque; one may explain by this fact how many anatomists have taken the central chyliferous vessel and the terminal network as one ampulla filled with chyle. 7th. There are in those already discernible chyle containing masses of thick globules perfectly analogous both in size and colour to the chyle contained in the lymphatic vessels.—*Ibid.*

Injurious Effects of the Simultaneous Administration of Calomel and Common Salt.—A man affected with cerebral fever was treated by venesection and leeches. He was then ordered occasional doses of calomel, with an enema composed of a decoction of senna and a tablespoonful of common salt. The patient was in an alarming condition, but it was not anticipated that he would die speedily. Death took place, however, the same evening. The body rapidly putrefied, and presented large spots of ecchymosis. Bichloride of mercury had evidently been formed by the reaction of the two salts on each other! This fact is too important not to call for the serious attention of medical practitioners, and it imparts additional strength to the opinion, that calomel and common salt should not be given to a patient within short intervals of each other.—*Journ. de Pharm.*

Remarks.—We believe this *fact*, reported by our respected contemporary, to be one of those *post hoc* conclusions which are so common in therapeutics. If the calomel (in large doses) and common salt had been mixed together and thrown into the stomach, if symptoms of poisoning by corrosive sublimate had then supervened, and appearances similar to those produced by that poison had been found in the body, if, in addition to these circumstances, corrosive sublimate had been clearly detected in the stomach, there might have been good reason for attributing death to this cause, "and not to the cerebral fever." But what are the facts? Small doses of calomel enter the body by the stomach, while the common salt enters by the rectum; there was no evidence of poisoning, so far as the report goes, either during life or after death, nor was corrosive sublimate found in the body! The chemical change referred to, does take place, but only to a very minute extent, even when the substances are mixed together. The mixture requires exposure to a much higher temperature than is ever found in the stomach, to produce corrosive sublimate in perceptible quantity.—*Medical Gazette.*

On the Immediate cause of Stammering, and the means of Cure. By Henry Butterfield, M. A., Cantab.—Having been engaged for some years in the treatment of stammering and defective speech, I propose to notice, in The Lancet, some of the practical results of attentive observation and experiment. Upon the remote cause of

stammering I produce no opinion ; but I confine myself to the immediate cause. Much has been written upon the question—"why one person should stammer, and another speak fluently?" But from inattention to an important rule of Sir Isaac Newton, "that no more causes of phenomena are to be admitted than are necessary to explain them," little good has resulted to the public from such inquiries. Would it help us to teach French or Italian, by inquiring into the origin of different languages being spoken? Is not the proper mode that which analyzes the difference between our natural law of speech and the natural law of speech in others? This point must surely be conceded. Now I have contented myself with this process in cases of stammering and defective speech. The result of continued observation enables me to state,—1. That stammerers try to form a note of sound with a wrong position of the lips or tongue. 2. That the vocal chords of the throat then refuse to act, as the effort is made contrary to the natural law of speech. 3. That bad habits and propensities of the nerves and muscles of speech, producing all the phenomena of stammering, soon follow a few wrong efforts to sound with improper position.

It is important to notice here the difference between a child's speaking with a wrong position of the tongue or lips, and a stammerer's trying to speak so. The child, very quietly and unconsciously, combines the vowel of the syllable, whether the consonant position has been right or not,—thus, it says t for k, in the word key; d for g, in the word game. But the stammerer does not combine the vowal with the consonant; he will produce numerous notes of sound, but no vowel will follow in combination, as in the case of the child's prattle; until, with great effort, he has, by chance, approximated to right position, or until he has attained it: then, out bursts the vowel of the syllable, and several syllables or words continuously follow.

The practice or experiment connected with these observations is extremely simple, although it must be specially adapted to every individual case.

I endeavour to produce the first intention of cure by alienating from the bad habits and propensities of the nerves and muscles of speech. This is done by my teaching the method of respiration used by the best professional singers and speakers; and by the use of an alphabet formed to act upon the attention of the mind and the vocal chords of the throat at the same instant.

The subsequent training is derived from the nature of accent and from the grammatical combination of words in a sentence. I teach the stammerer to think and speak his sentences in grammatical parts, and show him that good accentual speaking produces the greatest distinctness and force upon the ear with the greatest ease to the throat, lungs, and organs of respiration. And with this method carried on to the practice of extempore narration, I find that even those who "creep unwillingly to school," and puzzle their tutors, by stammering wilfully with the mouth, to hide the stammering of the mind,

can be made with certainty to read and speak properly when they please.

My engagement for some years as extra master, at Eton, for the treatment of stammering and defective speech, has enabled me to pursue my course of observation and experiment with the greatest advantage; and several eminent surgeons have recommended me to extend my treatment of this calamity, in conjunction with their medical or surgical treatment, when required.—*Lond. Lancet.*

Scarlatina in the Bahamas. Supposed Latency of the Disease for Eleven Weeks. By Frederick Duncome, Esq, M. D., Nassau, Bahamas.—The following circumstances will probably be deemed of sufficient importance and interest to merit a place in the Lancet, as illustrating the extent to which the latent period of scarlatina may be protracted. In this colony, the disease in question is not known to have occurred for the last forty years.

During the past summer, this malady had prevailed in some of the American cities, to an alarming and fatal extent. Amongst the sufferers was a family belonging to this place, then on a visit to Philadelphia. One young man was cut off by it, and of the four daughters, three took the disease. The youngest, aged about six years, had been secluded from the others for six weeks in a separate house, and escaped the fever. Every precaution was taken to prevent fomites. Three weeks were spent in America after the reunion of the family, and after a fortnight's passage, they arrived at this place on October 13th. Upon the 20th of December the youngest girl was attacked with "scarlatina anginosa." This case was seen by Dr. Chipman and myself, and was succeeded by some of the usual sequelæ, as otorrhœa, wry neck, œdema, and albuminous urine, the latter being marked by inflammatory symptoms.

In this history, fourteen weeks elapsed between the time our little patient was restored to the company of her convalescent sisters, and the subsequent date of the fever breaking out in her. At any rate, we have an interval of eleven weeks between the period of embarkation from America, and the breaking out of the disease in this place; so that, for at least eleven weeks, and probably longer, the infection must have remained latent in her system. Upon minute inquiry, there does not appear any reason to suppose that the malady was introduced into this place by fomites. This case did well, and the fever has not as yet spread.—*Ibid.*

New Symptom in Pneumonia.

In examining the sputa in a patient affected with pneumonia, M. Remak of Berlin, was surprised to find fibrous filaments in the matter ordinarily expectorated, very dense, and ramified nearly like the bronchial subdivisions. At first he regarded them as accidental, but his attention being fixed on the apprearance, he soon came to the conclusion that these "ramified bronchial concretions," as he terms them, were a constant ingredient of the sputa in pneumonia. He

witnessed their appearance in nearly fifty cases, and now considers them as among the most constant and certain indications of the disease; they are never entirely absent, although some variety may be observed in the period at which they appeared, their duration, quantity, &c. To discover these, it is often only necessary to pour the expectorated matter into a vessel of water; those only of some length and thickness, and which are not involved in mucus, can be seen, but if they are slender and weak, or involved in blood, mucus, or other matter, the vessel must be flat and of a dark colour, as a blackened piece of glass. It is sometimes necessary to leave the expectorated matter a long time in the water, and even then without being accustomed to their appearance, they may escape superficial search. In some of his patients they have been found nearly three inches long and a line thick; the trunk, as it may be called, of one of these is generally more slender than the sum of its branches, which latter become filiform at their extremities. It is not uncommon to find a slight enlargement where they bifurcate, corresponding perhaps to the enlargements in the bronchi at their ramifications. Sometimes they are flattened—sometimes nodulous, the nodules occasionally enclosing bubbles of air that cause them to float on the water, but when it escapes, the matter at once sinks to the bottom. Microscopic examination of these concretions show them to be formed of extremely delicate filaments, parallel and adherent to each other, and in the direction of their length; in most cases these filamants enclose a great number of granular cells so analogous to those of pus, from their firmness and appearance, that one can hardly avoid considering them as of a fibrous nature, but he will soon discover his error. By plunging the filaments into acetic acid they become perfectly transparent, and there remain in the liquid a great number of granulations, but they have not the elongated form peculiar to those of true fibrous tissues. He never observed in them, even when immersed in water, those molecular motions noticed in other granules, particularly those of the bronchial mucus, and they are much smaller than those of pus. Those concretions are mostly observed to make their appearance from the eighth to the seventh day of pneumonia; they rarely are absent on the fourth or fifth day, and not in a few cases are they seen on the second day or after the seventh; this limit, however, appears only in those cases where appropriate treatment was had recourse to from the beginning of the disease. The expectoration in pneumonia is of three kinds—the first, a filamentous mucus, greyish, or oftener tinged with very viscous blood adhering to the vessel into which it falls; at a later period it is a whitish mass, dense, granular, whose white filaments are slender, of the consistence of mucus, and sink rapidly to the bottom of the vessel; in the last stage the expectorated matter is soft, conglobate, of a whitish or yellowish colour, puriform, and without filaments; the concretions are recognized in the two first forms of sputa, but never in the third. When met with in the first form they are of remarkable tenuity, like fine thread, and with very few branches, but are very firm and much ramified in the second

stage. When these concretions are examined in water, it is easy to confound them with the white mucous filaments often met with; we easily discover the difference by placing the expectorated matter on a bit of glass, the mucous filaments can be readily expanded into a fine membrane with the point of a needle, while the consistence of the concretions will not permit this transformation, and besides, the branchings, which are never found in the mucous filaments, will distinguish the one from the other at once. It is important to consider the signs afforded by auscultation and percussion which accompany the appearances of those concretions; they mostly appear at the period when, on the one hand, the *rale crepitant* is most marked, and when, on the other hand, the augmenting loudness indicates the partial impermeability of the lung. In general we do not find these concretions well organized until the *rale crepitant* has almost entirely given place to the loud bronchial *souffle*, and when the dulness of the part denotes the complete hepatization of the lung. As to the nature of these concretions it is impossible to consider them otherwise than as a fibrinous exudation formed by the granular cells: they must be of a fibrous nature, for although the amorphous mucus can sometimes form well-marked filaments, yet these never possess the firmness and consistency which peculiarly belongs to the bronchial concretions; chemistry, too, confirms this opinion; the concretions are dissolved by caustic potash at the temperature of boiling water—the addition of acetic acid renders the solution turbid, which an excess again dissolves; carbonate of ammonia throws down a very fine flocculent precipitate; it should not be concluded from this that in their elementary composition they are analogous to the fibrine of the blood —a number of chemical analyses are wanting still to determine such an analogy, both with respect to them and to other fibrous exudations found on the surfaces of mucous and serous membranes. As regards the practical relations of those concretions, it has been observed by M. R. that perfect recovery is more certain and rapid when they have come on late and in proportion as they are abundant and persistent. In the natural course of pneumonia, in robust persons, the concretions are found in the first viscid mucus expectorated; they augment in quantity and consistence to the fifth day; they then gradually diminish, and are replaced by small white friable masses still of a cylindrical form, but without ramifications, and which under the microscope display the fibrous structure, and the presence of mucous corpuscles in granules. Patients seldom come to the hospital until one or perhaps several days have elapsed from the commencement of the attack, and the change of place is not, perhaps, without its influence on the functions of the lungs, and may check the natural course of the disease; it is not unfrequent, then, not to find the concretions in the sputa when the patient applies for admission, but appear some days, after the adoption of the antiphlogistic treatment. In other cases where the concretions appear at a later period, the irregularity may be traced to something wrong in the patient's constitution, and particularly in the existence of pulmonary tubercles. Among fifty

cases there were but four or five in which the disappearance of some morbid phenomena had preceded the appearance of the concretions; in most cases the amelioration has been subsequent. M. Schönlein, who became acquainted with these appearances in the sputa through M. Remak, considers them of great importance as a new symptom of pneumonia; he thinks the appearance of a large quantity of the concretions in the expectorated matter indicates that the time for general bloodletting has passed, but that still recourse is to be had to topical bleeding, mercurial frictions, or the external use of iodine, diaphoretic and cooling drinks, as the infusion of digitalis with nitrate of potash, and finally to resolutives, calomel, blisters, &c. M. Remak thinks that as the elasticity of the lungs disappear when hepatized, it will often, perhaps be useful to follow rapidly the antiphlogistic treatment by expectorants, as the golden sulphuret of antimony, or the polygala senega. M. Schönlein declares he has never seen a case of pneumonia in which there was not a corresponding sensibility of the skin, which he compares to that in the skin of the abdomen in certain cases of peritonitis—remarking, however, that in this latter case the sensibility was not always in proportion to the violence of the inflammation, and sometimes remained after this had been subdued.—*Dublin Med. Press, from Arch. Gen.*

The Periods at which Tetanus occurs.—If it sets in soon after the injury that caused it, it will run its course rapidly. Thus, suppose a man gets a hurt in the morning, and in the evening of the same day tetanus appears; he dies that night. Whenever it comes on so soon as this, the patient invariably dies in twenty-four hours; but you may not meet with such a case as this in twenty years. In these countries tetanus seldom makes its appearance before the sixth day after the injury; it sometimes will not show itself until the forty-second day. The wound may be in any possible state or stage; it may be sloughing, or the slough may have separated, or more generally when the wound is suppurating, and as I have myself seen, even when the wound is quite healed. There is, then, no stage of the local injury in which tetanus may not make its appearance; and neither before nor during the progress of the complaint does the wound alter its character in the least, as it does in hydrophobia.—*Professor Colles' Lectures.*

Danger of mistaking a detained Testicle for Bubonocele.—If one of the patient's testicles should never have descended into the scrotum, but remains in the inguinal canal, and this testicle gets inflamed from any injury, it gives precisely the symptoms of strangulated hernia; I would defy any one to tell the difference between them. Now, if you proceed to operate in this case under the impression that it is hernia, you will perform an operation that will be very likely to be fatal to the patient; merely exposing the testicle in this situation is almost always fatal. I recollect I once went to perform an operation of this kind, and did perform it, without ever thinking whether the

man had a scrotum or not. I found the symptoms arose from an inflamed testicle in the canal. The man died, and the case left an impression on my mind that I will not readily forget. Inflammation of the testicle here is infinitely more violent than it is in the scrotum, and when it is exposed the patient dies of peritoneal inflamation.—*Ibid.*

Extirpation of the Uterus.—By T. Gregson, Esq.—Mrs. A——y had been delivered of her second child by a village surgeon two years ago. As she complained of much pain and uneasiness on the third day, her medical attendant ordered her to get out of bed and walk smartly across the floor. She recovered slowly and complained much. About a year ago she came here, and was some months under the care of a surgeon. About six months since I was called to attend her. I found her extremely emaciated and exsanguine, having, for above a year, been exhausted by most profuse hæmorrhage at every monthly period. On examination, I found a pear-shaped body filling the vagina, the os tincæ embracing it firmly, and apparently adhering on one side. I gradually introduced my fingers, endeavouring to grasp and push it through the os tincæ. This procedure caused extreme pain, and hæmorrhage, without the tumor yielding in the least. It was of a purplish red colour. Feeling satisfied that it was an almost complete eversion of the uterus, I endeavoured, by chalybeates, ergot, and astringents, to improve the system, but every monthly period produced extreme exhaustion, and death seemed inevitable. Being resolved, as a last chance, and herself and friends being willing, I determined to extirpate the uterus. I went, accompanied by my friend Mr. Frost, a most able accoucheur, who agreed with me that, as she was much exhausted and exsanguine, the attempt was justifiable. I laid hold of the tumor with the vulsellum, and drew it down as far as possible; in so doing the os tincæ entirely disappeared, leaving no doubt of the nature of the case. A very strong silk cord was then passed around it, and carried as high as possible by means of the double canula, the cord being also passed through the eye of a strong steel staff, very slightly curved in a bow-shape. I found this a very valuable means, as I could carry the ligature around the parts with the greatest facility. The knot was then tied with great firmness, leaving the staff included in the ligature, and opposite to the knot. This instrument was fastened to the thigh by a piece of tape. On the second day, by merely turning the handle of the staff once or twice, the ligature was greatly tightened; this was done from day to day, causing the rapid death of the part. It came away on the 9th day. During the time from the operation to its coming away, reaction was extremely moderate. She had an occasional anodyne, the catheter was used twice, and castor-oil was prescribed. She gained strength rapidly: she was made to keep the recumbent posture about twenty days. It is now three months since the operation was performed. She goes about her house, and has walked out a little, feeling easy and comfortable. These cases being

generally considered hopeless, I have detailed matters perhaps minutely.

I believe the precautions taken, where the ligature is used to prevent inflammation, often produce the evils intended to be avoided; I allude to not tying the ligature too firmly at first. I think that no ligature can be tied too firmly, and that the great point to be aimed at is to destroy the vitality of the part at once, this being the surest means of preventing spreading inflammation and absorption of purulent or putrid matter.

On examining the part, I find that the entire body and neck of the uterus had been removed. There has not been the least disturbance at the monthly periods, nor symptoms of the system feeling the want of the organ removed.—*Medical Gazette.*

Premature Interments.—It is stated that the cases of premature interment in France, prevented by fortuitous circumstances, amount, since the year 1833. to 94. Of these, 35 persons awoke of themselves from their lethargy at the moment the funeral ceremony was about to commence; 13 recovered in conseqnence of the affectionate care of their families; 7 in consequence of the fall of the coffins in which they were inclosed; 9 owed their recovery to wounds inflicted by the needle in sewing their winding sheet; 5 to the sensation of suffocation they experienced in their coffin; 19 to their interment having been delayed by fortuitous circumstances; and 6 to their interment having been delayed in consequence of doubts having been entertained of their death.—*Prov Med. and Surg. Journ.*

Royal College of Surgeons.—Mr. J. H. Green has been elected a member of the Court of Examiners of the Royal College of Surgeons, to fill up the vacancy occasioned by the resignation of Sir Benjamin Brodie.—*London Med. Gaz.*

Successor to Breschet.—The concours for the Chair of Anatomy in the Faculty of Medicine, rendered vacant by the death of M. Breschet, has terminated in the election of M. Denonvilliers by a majority of nine out of twelve votes. M. Chassaignac and Gosselin are reported to have highly distinguished themselves in this concours.—*Ibid.*

ELLIS'S MEDICAL FORMULARY.

CORRECTION.—The Publishers of this Work respectfully request those persons who have the seventh edition, to correct a typographical error for the "MEDICATED HYDROCYANATE OF POTASSA," at page 83; wherein the symbol for an ounce is used in place of that for a drachm. The following is the correct prescription, and corresponds with the proportions directed in all the previous editions of the Work:

℞. Potass. hydrocyan. medicati, ʒj.
Aquæ destillatæ, Oj.
Sacchari purificati, ℥iss.
Fiat solutio.—Dose, a table-spoonful, night and morning.